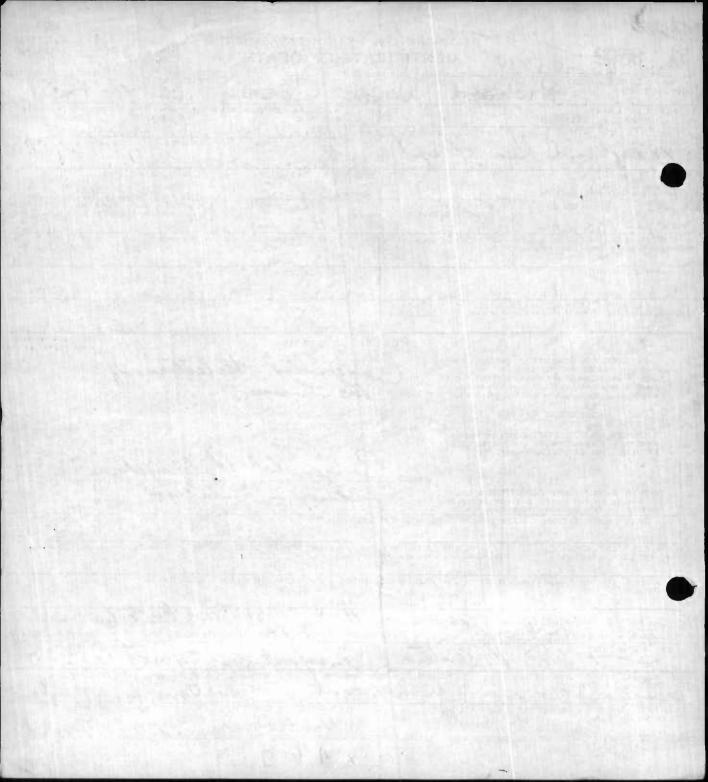
### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	E OF DEATH Registered NO.
1. NAME OF DECEASED	2. DATE
(Type or Print) Ruth C. Smithies	OF Nov. 2, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
8. FULL NAME OF (If not in hospital or institution, give street address o	
HOSPITAL OR location	township)
2670 Lehman Street	Baltimore City  D. STREET ADDRESS (If rural, give location)
Mos.	2670 Lahman Street
c. Length of stay in Baltimore Life Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Female White Divorced (Specify	2/ 20 / 1915 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Waltress W.T.Grant Co.	Baltimore Maryland USA WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L. Carroll Wilson	Martha Burrows
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No 215-01-6266	Nova to Nichols - Savis
18. CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	- t- ( 11 - X)
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	cauc Inthisial
Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	X-1199 XX-
DISEASES OR CONDITIONS, IF ANY, GIVING	hall be be bed by the best of
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	1, 9 -1.1.
0	La Maria Caral
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., Lying or Contributing about home, farm, factory, street, office bidg	in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg CAUSE OF DEATH	,eto.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHIL	
22. I hereby certify that I attended the deceased from	
deceased alive on 2/22 2 1957, and that death occur	urred at 7.50 Pm., from the causes and on the date stated above.
Z3A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED
M.D.	NO (1) new Hody (11/4/5)
24A. BURIAL, CREMA- TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET	
Burial Nev 5/51 Loudon Park	Cememery Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	01/13 W: 1 hout sol -
	F.B. WIPPERT & SON 1300 EUTAW PLACELA
VS 150 784 60	
1040	1270

REPL. S. TELL ha less tot 10 essess by that a length all werd and that not so I was well

-	7,50								
E	4 050				EALTH DEPARTME	ENT	Registere	,51	9502
В	RTH NO.	1-259	19	CERTIFICAT	E OF DEATH		Registere	d No	
	NAME OF DEC ype or Print)		chard	Wayne		4 0	OF EATH /	11-4	
3. A.	PLACE OF DEA Baltimore Cit	тн: y, Maryland			4. USUAL RESIDENCE	Where o	leceased lived B. COUNTY	. If institution be	in: residence efore admission)
H	FUL NAME OF OSPITAL OR STITUTION	and le	en .	n give street address or location)	C. CITY OR TOWN	(If outside	e corporate ji	mores	URAL and give township)
		The Research		Yrs.	D. STREET ADDRESS	(If rural,	give location		
-		y in Baltimore		27 Mes.	259 S.	Eas	+ 0	LUE.	
1	SEX 6	COLOR DR RACE		MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH		GE (In years ast birthday)		Hours Min.
		JPATION (Give kind of orking life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign	country)		IZEN OF AT COUNTRY?
13	FATHER'S NAI	ME	1		14. MOTHER'S MAIDE	EN NAME			
15	Edware. WAS DECEASED	EVER IN U. S. ARME	PEORCES!	16. SOCIAL	DORIS W	nade	line	Ho	tai
(Ye	, no or nnknown)	(If yes, give war or date	es of service)	SECURITY NO.	mall		259 8.	ADDRESS	0
TIFICATION	DISEASE L (This does n heart failure, injury or co Al DISEASES C RISE TD THE UNDERLYIN	OR CONDITION EADING TO DEA ot mean the mode asthenia, etc. It me omplication which NTECEDENT CAU OR CONDITIONS, ABOVE CAUSE (A) NG CONDITION L	ATH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING ) STATING THE AST.	(A) DUE TD (B)	of DEATH  gental &  Lungo	Pale	tois		ET AND DEATH
CERTI	TRIBUTING T	ONIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELATED	re	livey - 13	ilal	engl		
CAL C	19A. DATE OF			FINDINGS OF OPER	RATION			20 YE	AUTOPSY?
EDIC	21A. ACCIDENT HOMICIDE	r. SUICIDE, (Specify)		CE OF INJURY (e. g., I m, factory, street, office bldg.,		(If in I	saltimore Cit	y, give exac	t location)
W	FINJURY	onth) (Day) (Year	m. Wi	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		JURY OCC	CUR?		
	deceased alivers. SIGNATU			nd that death occur	rred at 7:15 Am., from B. ADDRESS		uses and or	n the date	last saw the stated above.  DATE SIGNED
TI	A. BURIAL, CRE	cify)		4c. NAME OF COME		4D. LOCAT	ION (Vity, to	wn, or count	y) (State)
D	ATE RECEIVED I	av I analaria	SSIGNATUR	_	25. FUNERAL DIRECT		1217	ADDRE	and It
7	101/5 550 19	51	45	U Libror	1 2 0			16	19

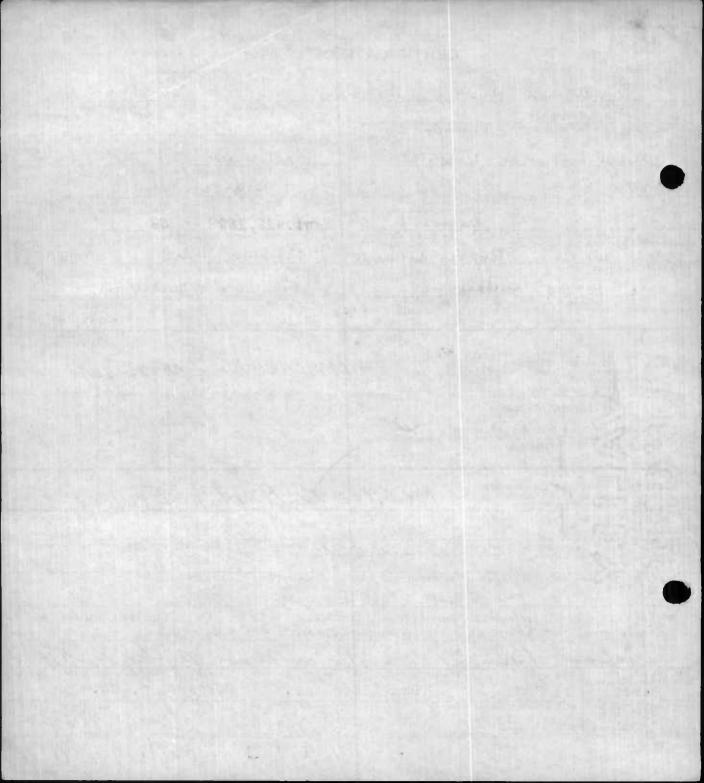


5	950	3			EALTH DEPARTMENT	5: Registered No.	1 9503
=	RTH NO.			CERTIFICATI	L OI BLATH		
	NAME OF C		n Renear	u Langston		2. DATE OF DEATH NOVEM	hom 3 1051
	Baltimore				4. USUAL RESIDENCE (V	Where deceased lived. If ins	stitution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	Maryland (If	f outside corporate limits, v	write RIIRAL and sive
11	NOITUTION	St. Joseph's	Hospi tal	1	Raltimore	2.8.	township)
			100 p2. out.	Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	nength of s	stay in Baltimore	23 y	ears Mos.	5200 Clifta	on Avenue	
5	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years) If Une	der I Year H Under 24 Hours hs: Days Hours: Min.
-	Male	White		ried	Ług. 19, 1880	71	
wor	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   12	WHAT COUNTRY?
1.5	Sales	man (rtd)	Whole.	sale Bldg.	Georgia		
1.	P. PATHER S	NAME		Supplees	14. MOTHER'S MAIDEN N	AME	
1 8	WAS DECEASE	- Land	ston		Unknown		
(Y	e, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	or Ave
_	-no					Langston-5	
	18. 44	$\gamma \times 1$		CAUSE	OF DEATH		INTERVAL BETWEEN
ja,		SE OR CONDITION LEADING TO DEAT	TH				
	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the disease		ert failure		••••••
	injury or	complication which c	aused death.	) DUE TO			
		ANTECEDENT CAUS	ES	Marie Walley			20100
O	DISEASE	S OR CONDITIONS.	F ANY, GIVIN	G	teriosclerotic ca	irdio-renal-	•
F		THE ABOVE CAUSE (A) YING CONDITION LA			and the second		
O				(c)Vas	cular disease	***************************************	
ERTIFICATION		11					
ER	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D			16 0 11 120
U		OF OPERATION 1		FINDINGS OF OPER	ATION		L 20 AUTORGUS
AL	ISA. BATE	OF ERRATION O	SB. MAJON		ATTON		YES NO H
EDICAL		ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (1	If in Baltimore City, give	The state of the s
N N	CAUSE OF	DEATH					
7	21D. TIME INJURY	(Month) (Day) (Year)		LIE. INJURY OCCURRI	ED 21F. HOW DID INJURY	Y OCCUR?	
ĸ			m.	WORK NOT WHILE			
1	22. I hereb	y certify that I att	ended the	deceased from 10	0/28/ , 1951, to	11/3/ , 1951,	that I last saw the
	deceased a	live on 11/3/		and that death occur	red at 9:15AmMfrom t		
	23A. SIGNA		,	2	3B. ADDRESS		23c. DATE SIGNED
2	AA. BURIAI	CREMA-1 24B. DATE	3/12	M. D.	1400 N. Caro	Oline OCATION (City, town, or	11/3/51
TI	AA. BURIAL. ON, REMOVAL (S Buri	Specify)				COATTON (City, town, or	county) (State)
_	ATE RECEIVE		51	Mt. Olive	t Cem Ba	Ito., Md.	DDRESS
L	OCAL REGIST	RAR	Kan 1/11		Vikon. Vie	Vaner + Va	10
=	MON 2 -	A2 11 pour growth	CAY / ANT	gille, M.	Silli J. An	www v yp	~ /
	VS 150	<u>a</u>	A A	Want	00 4 9 1/8	actor N	16d -
	4		* *	71.06		0.1	1312

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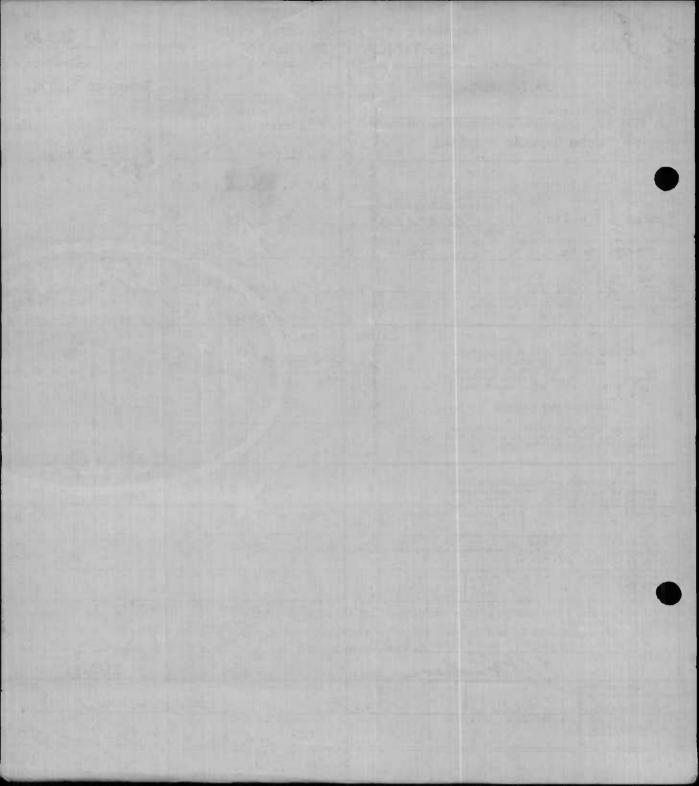
# MIICHINE BALTIMORE CITY HEALTH DEPARTMENT

1.0	, 300			CERTIFICATI	E OF DEATH Registered No
	IRTH NO.	AFCE A CED			
	NAME OF E		Haur	y milalel	ue 2. DATE OF DEATH 11-3-51
	Baltimore			0	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
		ur Memali	el blo	SPITAL	BAIT, mare 27-10 township)
c.	pength of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   II Under   Year   II Under 24 Hours   Months; Days   Hours   Min.
-	m	l w		Arried	Sept. 19,1893 58
Wor!	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
15	STORE . FATHER'S	auner	BETA	in Merchant	BALTIMORE, Md. USA
13	P. FAIRER S		1.1	1.	14. MOTHER'S MAIDEN NAME
15	WAS DECEAS	Herman V	LIILL	Muy	Elizabeth Burke
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
_	`• /-				WHE SAME AS PT.
	18. 47	0.11		CAUSE	OF DEATH) INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION LEADING TO DEAT	TH	<del>Q</del>	MYOCARDIAL INFARCTION ?
	heart failt	not mean the mode of arc, asthenia, etc. It mea complication which of	ns the disease	2	11 JOCH KUING + NOTHECHON .
		ANTECEDENT CAUS			
TION	DISEASE	S OR CONDITIONS, II	F ANY GIVIN	(B)	
Ĭ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	
ICA				(C)	
RTIFIC		11			
CER	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	· MULTIPL	E PULMONARY EMBOLI?
	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION 20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., i	n or   21c. WHERE DID (If in Baltimore City, give exact location)
Σ	210. TIME NJURY	(Month) (Day) (Year)		TE. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
b		**	m.   v	WORK NOT WHILE	
	22. I hereb	y certify that I att	ended the	deceased from 1	red at 11 50, to 11-3, 1951, that I last saw the red at 11 50 m., from the causes and on the date stated above.
	23A. SAGDA		7 19_3 1 (		3B. ADDRESS 223C. DATE SIGNED
	1600	hard /	coch	M. D.	Min Memory (togethe 1/4/5)
	4A. BURIAL, ON. REMOVAL (S Buric	Specify		Druid Rid	
D	ATE RECEIVE	D BY   REGISTRAD			25 BUNERAL DIRECTOR ADDRESS
N	OV 5 - 19	351 Paratitus	To NUL		Wm. 4. Janer 4 shis
	VS 150	- 0	- 15		111 0 10 16 10 17 MM.
				290	94 a wall. 1, ma



## BALTIMORE CITY HEALTH DEPARTMENT 51 9505

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE OF Name 1 1053
TOCI THOMS	DEATH NOVEMBER 1, 1901
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION John Hopkins Hospital	township)
Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)
Mos.	
c. gth of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. STAGES. MARRIED.	948 N. Duncan Street  8. DATE OF BILLIN 9. AGE (IN YEARS) If Under I Year   If Under 24 Hours
WIDOWED DIVORGED (Hpacky)	5/16/1906 last hirthday) Months Days Hours Min.
Female   White   Mannied	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired) INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
115m & Below	01-0: 18 8
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS WALK
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Und E. Thomas 255 Riverview eva
16	LIAMEDIA
7 7 7 7	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH . Brond	horneumonia
heart failure, asthenia, etc. It means the disease,	athic pilepsy
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION   198. MAJOR FINDINGS OPERATION   198. MAJOR FINDING	RATION   20. AUTOPSY?
	YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE MY WORK AT WORK	
22. I certify that I took charge of the remains described of	above, held an inspection & incuiry thereon and from
	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural cause	s , accident . suicide . homicide . undetermined .
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER   23C. DATE SIGNED   ASSISTANT MEDICAL EXAMINER   11/2/51
24A. BURIAL, GRENA- 24B. DATE 24C. NAME OF CEMETE	
Burial 1/6/51 13 al	ts. Bulto. Mel.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	W3 8. Ook Inc 1217 St. Punt st.
V C 161	1 1 0 11

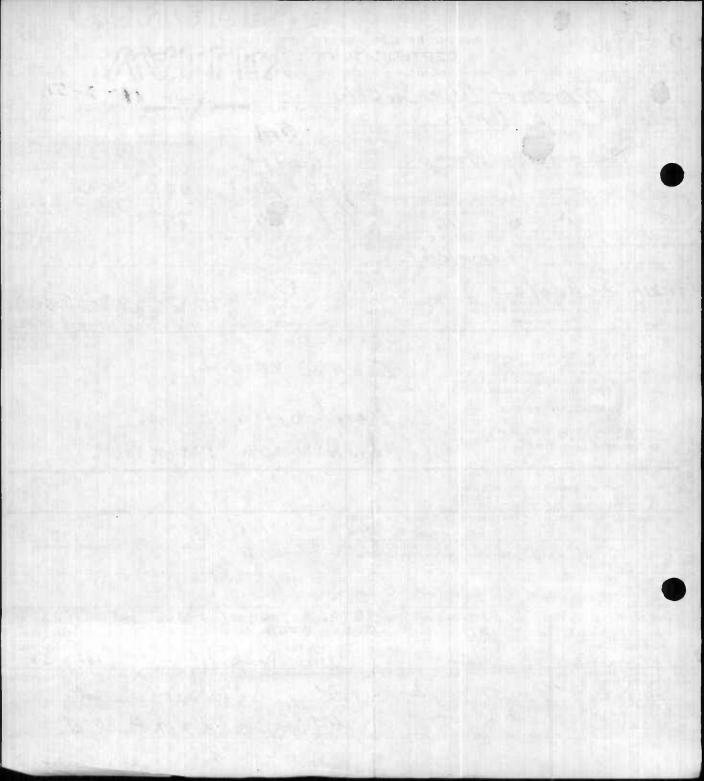


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9506

Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write LURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 110000 c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify last birtfday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Jouse wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED PORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Adhesions, Perforation UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY Serere HUNELIONS DICA YES NO (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 10-31 195/ to 11-3 . 195/, that I last saw the deceased alive onfl - 3 \_\_\_ 1951, and that death occurred at 8 25 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURYAL GRENN. 24c, NAME OF CEMETERY OF CREMATORY 240, LOCATION (City, town, or county) Tarkwood Duria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150



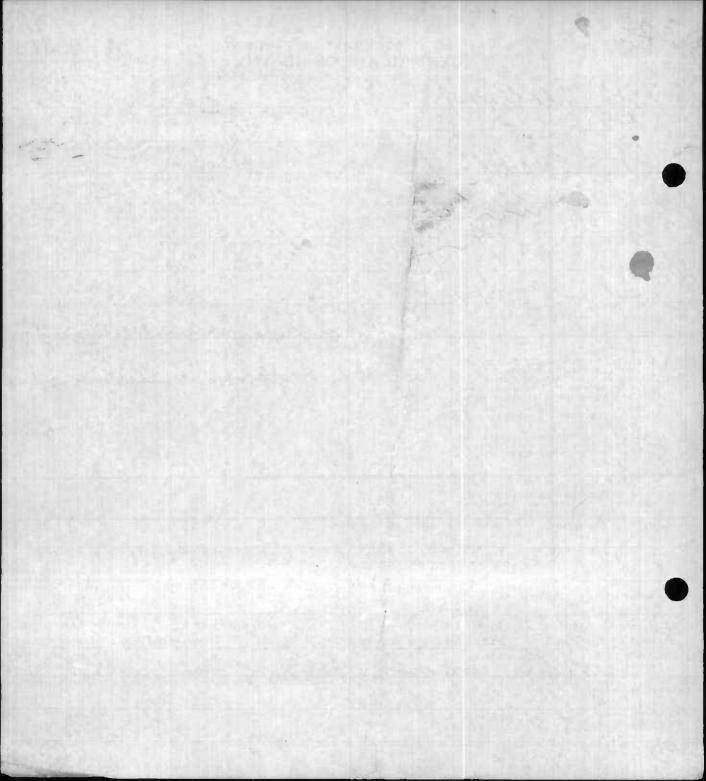
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51	9507,	

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### BALTIMORE CITY HEALTH DEPARTMENT

54	9597
Registered No	0.106
recgistered 140	

BIRTH NO.	CERTIFICATE	OI DEATH	6	
I. NAME OF DECEASED (Type or Print)	liam V. Sur	tren	2. DATE 1/2/C/	15
3. PLACE OF DEATH:  A. Baltimore City, Maryland		A USUAL RESIDENCE (W		stitution: residence before admission)
HOSPITAL OR	or institution, give street address or location)	c, CITY OR TOWN (If	outside corporate livities	write BURAI and give township)
c. Length of stay in Baltimore	Yrs, Mos. Days	172 00	rural, give location)	57.
Male White	Mathie Married, Wildowed, DIVORCED (Specify)	5/21/1891	9. AGE (In years liftle last birthday) Mont	ths Days Hours Min.
vork depeduring cost of working life, even if retired)	P.OU.S. GOUT	11. BIRTHPLACE (State or for Balto	nd.	2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Edwin Stor	4281	14. MOTHER'S MAIDEN NA	Lennok	X
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no or unknown) (If yes, give war or deten of	ORØES? 16. SOCIAL SECURITY NO.	Mrs. Hace Su	1200, 1235	Carowell &
DISEASE OR CONDITION DIL LEADING TO DEATH (This does not mean the mode of deart failure, asthenia, etc. It means injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST	dying, e. g., the disease, sed death.)  DUE TO  NY. GIVING	to my sloge	mi Tens	ONSET AND DEATH
UNDERLYING CONDITION LAST.  ULL  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO	ONS CON-			
19a. DATE OF OPERATION   19b.	MAJOR FINDINGS OF OPERA	NOITA		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in bout home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If	in Baltimore City, giv	
P. TIME (Month) (Day) (Year) (H	our) 21E. INJURY OCCURRE  while at not while at work at work	D 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attendeceased alive on 22, 1	and that death occurr	red at 19 m., from the BB. ADDRESS	te causes and on the	
24A. BURIAL, CREMA. 24B/DATE TION, REMOVAL (Specify) Burial	24C. NAME OF CEMETER	Y OR GREMATORY 24D. LO	Balto. Mg	r county) (State)
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR	SIGNATURE	25. FUNERAL DIRECTOR	217 St. Par	ADDRESS
vs 150	5549	0		74a

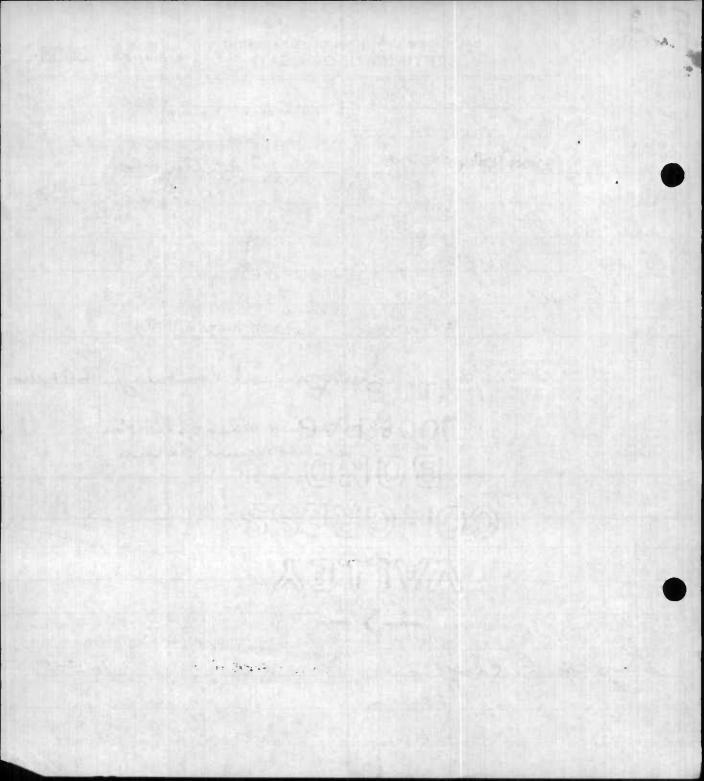


139508

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 9508

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	(2. DATE
(Type or Print)	OF 7, 2 10 5.
3. PLACE OF DEATH:	DEATH  4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland C. Co.	A. STATE B. COUNTY before adraission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	1 allemore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	919 Wilmot of
5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Saccity)	8. DATE OF BIRTH/ 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min.
Male While married	2-15-80 71
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done design most of working life, even if retired 10 INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Retined Steen Litter	More Scotia WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Speidous	Mangaret 116. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	mangages avoods
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no - 215-01-4023	JOHNS HOPKINS HOSPITAL
18. 443 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	) A STATE OF THE S
(This does not mean the mode of dying, e.g.,	warmen Kenochase 60 hours
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	7 . 7 . 0 . 7
DISEASES OR CONDITIONS, IF ANY, GIVING	WINDLING WITCH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	andiovasanla disease
(c)	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY2
	YES NO NO
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g.,	n or   21c. WHERE DID (If in Baltimore City, give exact location)
□ LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from //	- 19 10 1/- 3 - , 19 5, that I last saw the
deceased alive on 11-3-, 1951, and that death occur	rred at 213 m, from the private and on the date stated above.
23A. SYCHATURE	23c. DATE SIGNED
Teighton E. Clast - M.D.	11-3-51
24A. BURIAL REMA- TION REMOVE (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 17/51 Green he	el Universities Po
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	4 pm Carl In 12 10 0 7
1015-1931 still for Holliesell, Mi	1) - work suc, 12 / ov. saux s.
VS 150	
	(1 8) 0 A 931) M

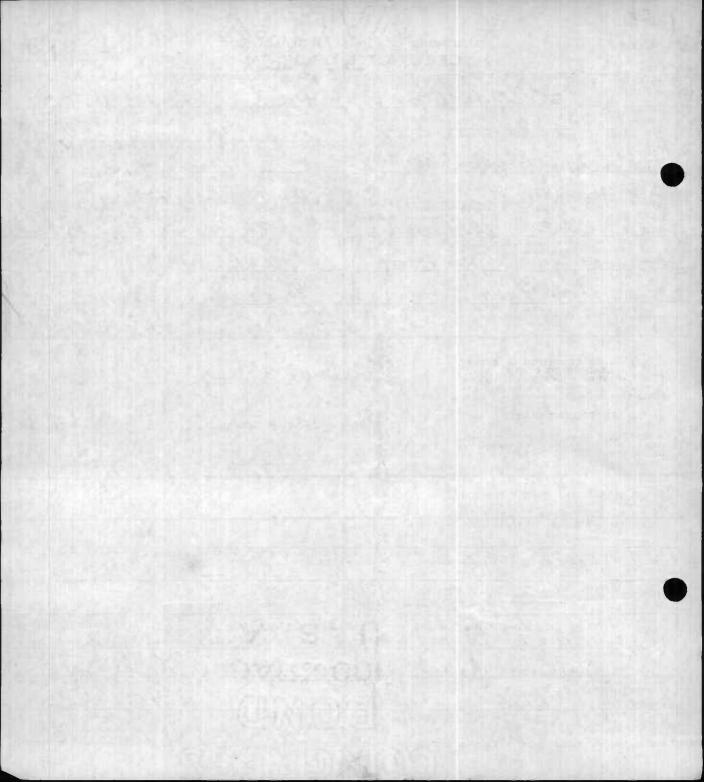


563

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9509

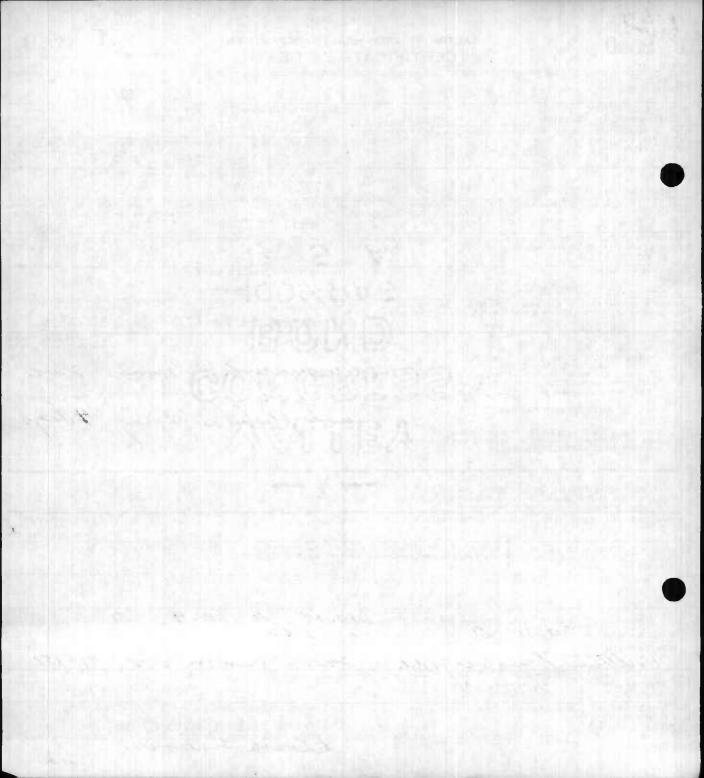
BIRTH NO.	E OF DEATH	
1. NAME OF DECEASED (Type or Print) Zillian acanes	Gumant 2. DATE 11/3	1.5
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution)	C. CITY OR TOWN (If outside corporate limits )	write RUKAL and vive
2103 Huntingdon ave	Balto	township
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	2.7
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years)   Und	der 1 Year   Il Under 24 Hours
Female White Widows &	12/1/1882 last birthday) Month	bs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George N. Garrettson	Gerganna Nami	Ka
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
No -	Kinson N. Sumart 27/8 M	athew st
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and I am	1.5. 5
heart failure, asthenia, etc. It means the disease.	mome of hung	6 Klos
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES .	r. my ocardita	Judel 1
II DISEASES OR CONDITIONS, IF ANY GIVING		June
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		•••••••••••••••••••••••••••••••••••••••
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
, ,		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give	exact location)
P. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI		
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	mel , 1951, to NOT \$ , 1951, t	that I last saw the
deceased alive on Nov 1, 19 St, and that death occur	rred at 10:32 m., from the causes and on the	date stated above.
Nathauel M Beck M. D.	1009, 23rd St Ba Hothis me	NOS 5-51
248. DATE 24C. NAME OF CEMETE	RY OF CREMATORY 24D. LOCATION (City, town, or Balto	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
LOCAL REGISTRANS	0- 30K Inc. 1217 St. Paul	25.
VS 150		1100



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Alice E Mobley OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1715 Spence St A. STATE B. COUNTY before admission) Baltimore City B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 1715n Spence c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED, 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. White Widow April 2I I869 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto Md Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Frederick Imfang I7I5 Spence St Baalto 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from how. 14, 1950, to how. \$ , 1951, that I last saw the deceased alive on Oct. 31, 1951, and that death occurred at 6:45Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED AC. NAME OF CEMETERY OR CREMATORY 24 LOCATION (City, town, or county) TION, REMOVAL (Specify) Loudon Park Frederick Rd Balto Md DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Edward Toulson Balto 39 Md

VS 150

ward Foulson



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1	9511	
BIRT	H NO	

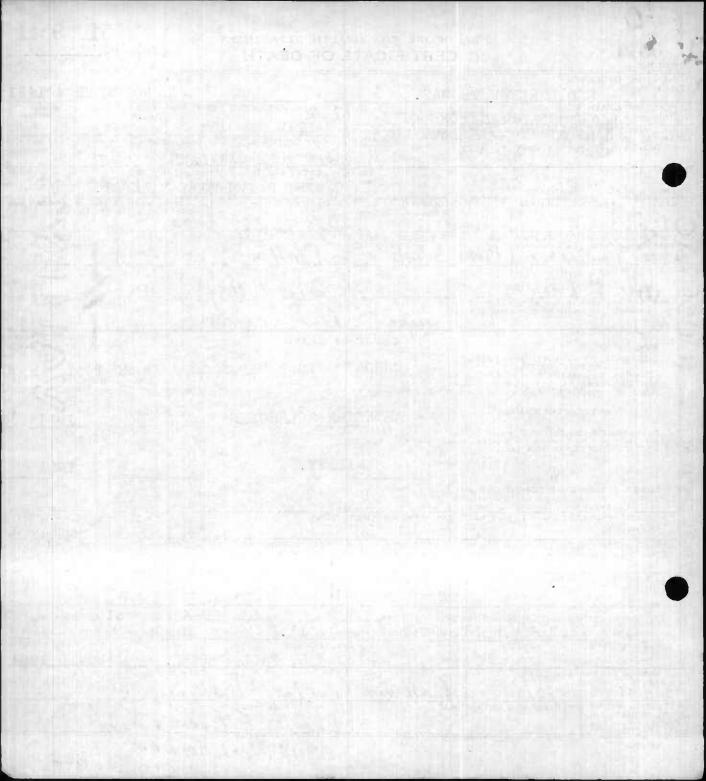
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9511 Registered No.

BI	RTH NO.					CONTRACTOR OF THE SECOND			
1. (T	NAME OF D			01/10		2. DATE OF MONI	200 20 4 3 6 5		
	PLACE OF D				4. USUAL RESIDENCE (V	DEATH NUV   Where deceased lived, I			
a. Baltimore City, Maryland BALTIMORE CITY  B. FULL NAME PARTORITY CONVALIBIES OF THE PROPERTY					The state of the s				
	Length of s	tay in Baltimore	LIFE	Yrs. Mos.	D. STREET ADDRESS (If	The second secon	ΔΥ		
	SEX	6. COLOR OR RAC	7. SINGLE	Days E. MARRIED. /ED, DIVORCED (Specify	A DATE OF BIRTH	9. AGE (In years	ff Under 1 Year H Under 24 Hours onths Days Hours Min		
I S	E TIREU S	CUPATION (Give kind of working life, even if retire the of Eincher	lof 10B. KIND	Schools	11. BIRTHPLACE (STATE OF FO	oreign country)	12. CITIZEN OF WHAT COUNTRY		
	FATHER'S N	P. Thom.			Olivia Ha	VS			
Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARM (If yes, give war or d	IED FORCES?	16. SOCIAL SECURITY NO.	FAMILY RIECORU		ADDRESS		
	(This does heart failu injury or	DE OR CONDITION LEADING TO DE s not mean the mod ure, asthenia, etc. It n complication which	EATH e of dying, e.g neans the diseas caused death USES	CHRON (A) CHRON (B) ARTER	OF DEATH  IC MYOCARDITIS  IOR SCLEROSIS	OCTOBER 20	1951		
2	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION	A) STATING TH	HE DUE TO	TT T May				
מוונו	OTHER S	II SIGNIFICANT CON	DITIONS CON	(C)	ILITY.		1951		
I L	TO THE D	TO THE DEATH, BU	ON CAUSING I		RATION		20. AUTOPSY?		
FUICA	NONE 21a. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	218. PLA about home, fo	NONE CE OF INJURY (e. g., arm, fectory, atreet, office bldg.,	in or 21c. WHERE DID (1 INJURY OCCUR?	If in Baltimore City,	yes No give exact location)		
	ID. TIME (	(Month) (Day) (Yes	m. (Hour)	21E. INJURY OCCURS WHILE AT NOT WHILE WORK AT WORK		OCCUR?			
		ive on NOV 4		and that death occu	T 20 , 19 5, to NO rred at 11. Pm., from t 238. ADDRESS 3013 ST PAUL ST	he causes and on t	that I last saw the date stated abov		
	BURIAL S BURIAL S		51	RALL CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town			
	TE RECEIVED		R'S SIGNATU		25. FUNERAL DIRECTOR	WANS of So.	ADDRESS		

VS 150

0938V 118 W. M. I. Roy #1 AVE.



18.

BALTIMORE CITY HEALTH DEPARTMENT Registered No.51 9512 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Amelia M. Gable DEATHNOV. 3, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 1112 Poplar Grove St. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1112 Poplar Grove St. Baltimore, Md. D. STREET ADDRESS (If rural, give location Yrs. Mos. 1112 Poplar Grove St. Life c. Length of stay in Baltimore Days 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lift Under 1 Year Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) July 27, 1865 Female 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF -WHAT COUNTRY? Maryland Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rayfeldt Regina Deets 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or woknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. Geo. F. Gable 1112 Poplar Grove CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 15- , 195 (to Nov 3 , 1957, that I last saw the deceased alive on Nov 2. 1957, and that death occurred at file A.m., from the causes and on the date stated above. 23A, SIGNATURE 24c. NAME OF CEMETERY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

Nov. 6,1951 Woodlawn

Baltimore, Md. ADDRESS

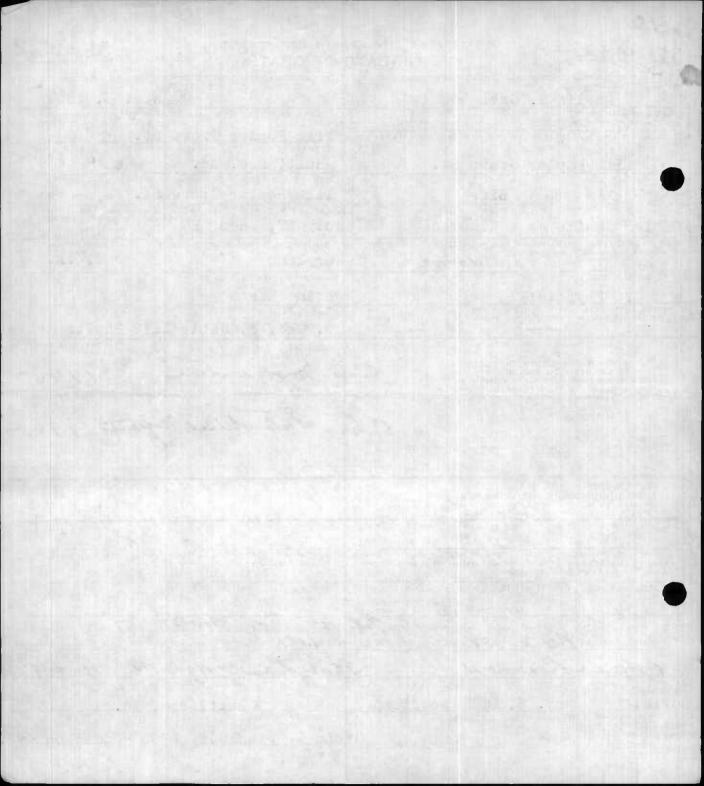
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Live .

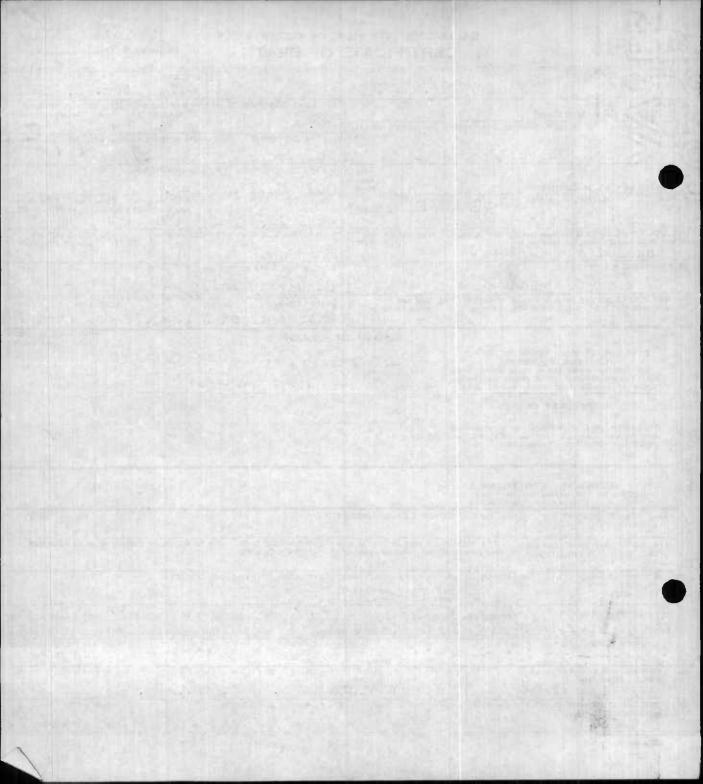
25. FUNERAL DIRECTOR

ohn T. Stansbury 2700 -dmondson -ve

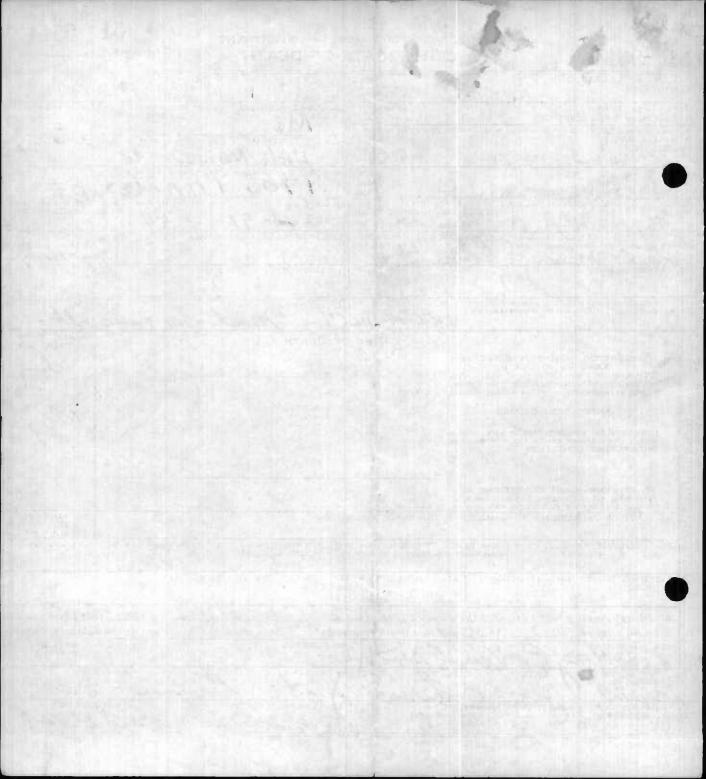


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51	9513
DIDTIL	OULU

51 951 BIRTH NO.	3	В	ALTIMORE CITY HE				9;	513
1. NAME OF DE (Type or Print)		LOREN	CE L. NEUS		2. DATE OF DEATH	V011-	3,	7957
3. PLACE OF DE A. Baltimore Ci	ATH: ity, Maryland			A, STATE	ICE (Where deceased lived B. COUNTY	. If instit	ution: re	
B. FULL NAME OF HOSPITAL OR INSTITUTION			ution, give street address or location)	c. CITY OR TOWN	(If outside corporate li	mits, wri	ite RURA	L and give
3-0	3015 Gu	ilford	d Ave.	Baltimore	S (If rural, give location)	6	-06	township)
c. Leigth of sta	ay in Baltimore		Mos. Days	3015 Guilt				
female	6. COLOR OR RACE  white	WIDO	LE. MARRIED.  WED. DIVORCED (Specify)  0 id owed	B. DATE OF BIRTH  June 16. 1	9. AGE (In years last birthday)			Under 24 Hours ours Min.
IOA. USUAL OCC	UPATION (Give kind of working life, even if retired	1 10B. KIN	ID OF BUSINESS OR		ate or foreign country)		CITIZEN	
housew	i,fe		INDUSTRI	Maryland			WHAT C	OUNTRY?
13. FATHER'S NA				14. MOTHER'S MAID				
	m L. Creat			Catherine	Lally	M		
Yes, no or unknown)	(If you, give war or dat	on of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	yan Neus-3015	ADDRE		nd An
(This does heart failure injury or c	CONDITION LEADING TO DEA not mean the mode c, asthenia, etc. It me complication which INTECEDENT CAU OR CONDITIONS, E ABOVE CAUSE (A) NG CONDITION L  II GNIFICANT COND	TH of dying, e ans the dise; caused dea SES F ANY, GIV STATING	Y CC7 ase, (A)		- of Greek	; †	SINSET AI	J. T.
TRIBUTING	TO THE DEATH, BUT EASE OR CONDITION	NOT RELA	TED			11.2		
19A. DATE OF	OPERATION D	19B. MAJO	R FINDINGS OF OPER	ATION			20. AUT	TOPSY?
	NT WAS UNDER- CONTRIBUTING DEATH	218. Pi about home	ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	21c. WHERE DID INJURY OCCUR?		y, give e		
2 ID. TIME (M	Ionth) (Day) (Year	(Hour)	2 IE. INJURY OCCURRI	D 21F, HOW DID II	NJURY OCCUR?			
	-	m.	WHILE AT NOT WHILE					
deceased alia	ve on	tended th	e deceased from OC., and that death occur	red at 1 = m., f. 38. ADDRESS	to Nov 3, 19 from the causes and on	i ine aa	ite state	t saw the
24A. BURIAL. CR TION, REMOVAL (Sp. Burial	24B. DATE ecify) 11/6/2	51	New Cathed		Balto., Md.	wn, or co	unty)	(State)
DATE RECEIVED	BY REGISTRAR	S SIGNAT	URE	25 FUNERAL DIREC	TOR O	ADI	DRESS	1m



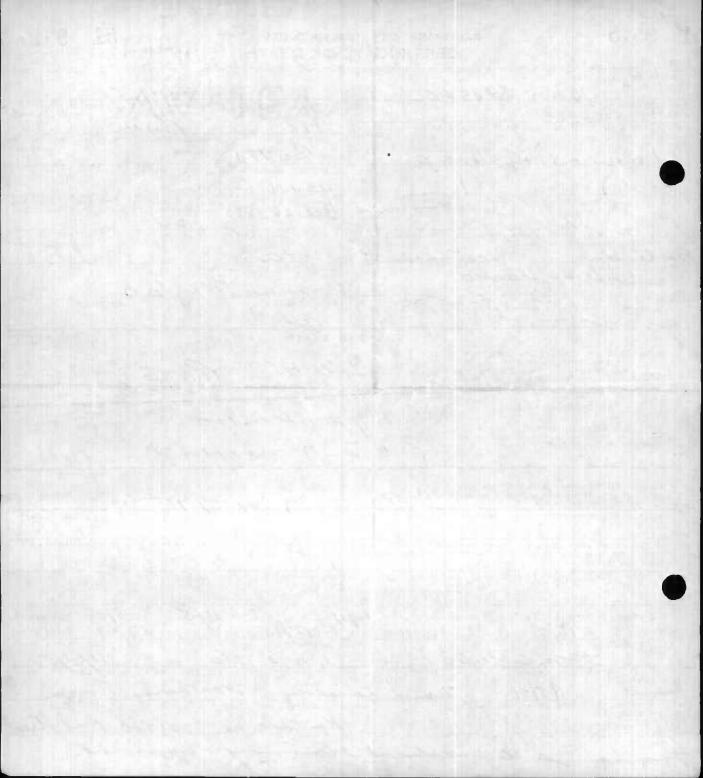
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P	BALTIMORE CITY H	EALTH DEPARTMENT	51	9514
5		E OF DEATH	Registered No.	
1.	NAME OF DECEASED  spe or Print) Wirks ANTONIC		2. DATE OF DEATH 11.2.	51
	PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (W		
В.	FULL NAME OF (If not in hospital or institution, give street address o			0.5
	DISPITAL OR Maryland general Hospital	BAITIMO	outside corporate innite w	RURAL and give tuwnship)
C.	Length of stay in Baltimore 2 Yrs. Mos. Days	91700	nral give location)	St.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Many 1)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	
	A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR dope dring montof working life, even if retired)	11. BIRTHPLACE (State or fo	oreign country)   12.	CITIZEN OF
_	Store mason Contractor	Jugoslavier	4	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME .	
(Ye	was deceased ever in u. s. armed forces?  (If yee, give wer or detes of service)  (If yee, give wer or detes of service)  244-09-6112	Clas. Ripsich	-901 Fell	If.
	18. 493 X . CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	+ /		1-0
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	eur qui cure	<u></u>	100
	ANTECEDENT CAUSES	P		11
20	DISEASES OR CONDITIONS, IF ANY, GIVING	namorna	***************************************	1clay
CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
IFIC	(c)		***************************************	
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
A				YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg,	in or 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City, give	exact location)
Σ	PID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
K	TINJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from //		11 9 105/4	nat I last saw the
	deceased alive on 1/. 2 , 19 5/, and that death occur	2 19 5/ to	he causes and on the d	
	23A. SYGNATURE	23B. ADDRESS	<del></del>	3c. DATE SIGNED
	(without . Venga No. M. D.	wary land gene	ral comitas 1	1.2.1951
TI	A. BURIAL, CREMA 28. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, town, or e	ounty) (State)
-	Isurial 1/0-6-3/ Vacred	year 1d	alleme "	na
L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	- word	Weby.
=	VS 150			0
	5-04 2;	4500		1093



3	20 9515
BIR	TH NO.

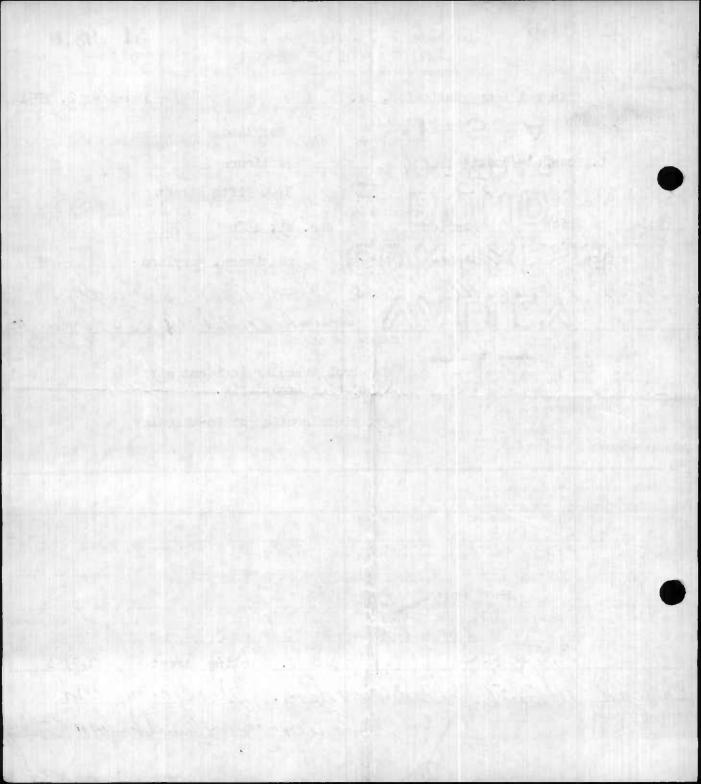
#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	00.80
1. NAME OF DECEASED			2. DATE	
(Type or Print) John Stys	560		OF DEATH 11/5-15	,
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. It Institut	ion: residence before admission)
B. FULL NAME OF (If not in hospital or institution)  (If not in hospital or institution)	ition, give street address or location)	c. CITY OR TOWN (If	0 outside corporate limits, write	RURAL and give
University 4.	15p.	139 1to.	17	township)
c. Length of stay in Baltimore	Yrs. Mos. Days	U. STREET ADDRESS (If a		01
5. SEX   6. COLOR OR RACE   7. SING	E. MARRIED WED, DIVORCED (Specify)	B. PATE OF BIRTH	9. AGE (In years     Under   Years   Months   D	
10A. USUAL OCCUPATION (Give kind of 10B. KIN ork done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or fo		TIZEN OF HAT COUNTRY?
Bentinder Race	Dracks	ba.		1.5.
13. FATHER'S NAME Stuske	7	14. MOTHER'S MAIDEN NA	AME	
TE WAS DEGEASED THE		Unna 7	nylab.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	S
yes -		Pt.		
(18. 33/X	CAUSE	OF DEATH	FOTIE ON	SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	K	1, 17	CERTIFICATION APPOOL	
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deal	ise,	-	LVAIT D	ID BY
ANTECEDENT CAUSES	//	. C)	HIEF OR ASST. MEDICAL EXAMIN	
DISEASES OR CONDITIONS, IF ANY, GIV.	(B) Hy	portonsii	· MEDICAL EXAME	_M. D.
RISE TO THE ABOVE CAUSE (A) STATING T	THE DUE TO			~ R.
UNDERLYING CONDITION LAST.	(c)	I. homore	51190	
OTHER SIGNIFICANT CONDITIONS CO			· ·	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING		magny hyper	- 4/4cmed	
19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPER	ATION		O. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in o,farm,factory,street,office bldg.,e	n or 21c. WHERE DID (II	f in Baltimore City, give exa	
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the		14 1951, to 1	1/5 , 195/that	I last saw the
deceased alive on 11/6, 195/	and that death occur	red at 12 79 .m., from th	he causes and on the date	e stated above.
23A. SIGNATURE		3B. ADDRESS		DATE SIGNED
EBGYL	м. р.	aniv. He	Sp. 14	551
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, town, or coun	(State)
DATE RECEIVED BY   REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	ADDR	RESS
NOV 5 - 1951 Tusting for Mill	ians, Ha	Wm. Cook In	1217 lb Pa	ul threat
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# 320 51 9516 BALTIMORE CITY HEALTH DEPARTMENT

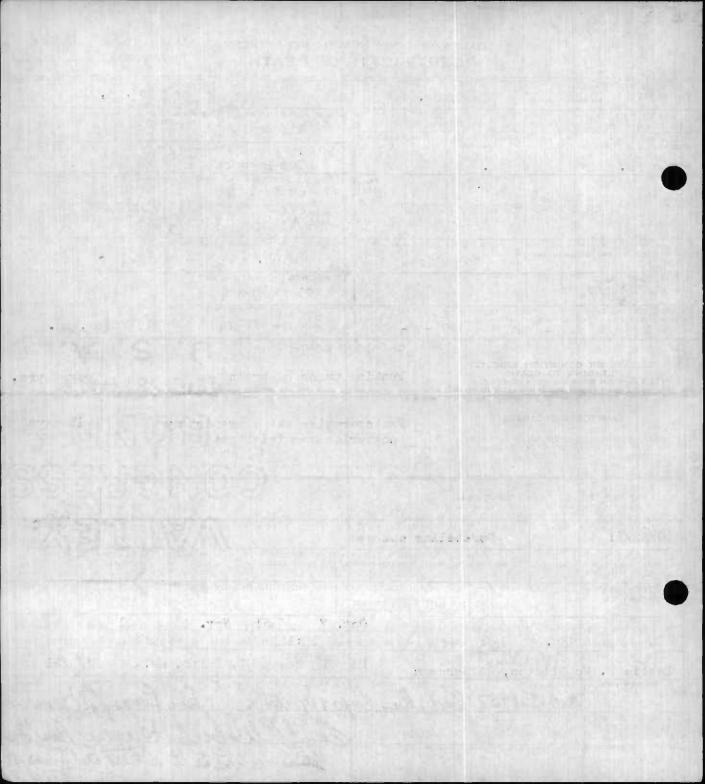
BIRTH NO.		CERTIFI	CATE	OF DEATH	Registered	No.
1. NAME OF					2. DATE	
(Type or Print)	August	Henry Mattheiss	. Sr.		OF DEATH NOVE	mber 2, 1951
	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, I	f institution : residence before admission)
B. FULL NAMI HOSPITAL OR INSTITUTION	2	al or institution, give street a	location) -	Maryland c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give
14-10-	St. Joseph's	Hospital	- V	Baltimore	25	- 6 4 township
c. rength of	stay in Baltimore	75	Alien.	o. STREET ADDRESS (If		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	Days	8. DATE OF BIRTH	9. AGE (In years)	ff Under   Year   If Under 24 Hours
Male	White	Married	(Specify)	Jan. 24. 1876	last birthday) M	onths Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of st of working life, even if retired)	108 KIND OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
Re	etired	Insurance 130	US .	Baltimore.	Maryland	WHAT COUNTRY
13. FATHER'S	NAME -	2000		14. MOTHER'S MALBEN N	AME	1
John	n Jene	rellallhe	uss	Malheren	o Ber	rdes
(Yes, no or unknown	SED EVER IN U.S. ARME	FORGES? 16. SOCIAL SECURIT	Y NO.	1. INFORMANT		DDRESS
( /			do	wo & Mall	hell 254	17 Wayette
V18. 42	21	C	AUSE O	F DEATH		ONSET AND DEATH
DISEA	LEADING TO DEA	TH				THE SEATH
(This do	es not mean the mode of lure, asthonia, etc. It mes	of dying, e. g., (A)(		al Vascular Acci	dent with	
injury o	r complication which	caused death.) OUE TO	right s	side hemaplagia.		
	ANTECEDENT CAUS					To the other
Z DISEASE	ES OR CONDITIONS, I			osclerotic cardi	o-vascular	
RISE TO UNDERL	THE ABOVE CAUSE (A)	STATING THE OUE TO	)iseas	9.		
DISEASE RISE TO UNDERL		(C)		***************************************	*****************************	
£						
	SIGNIFICANT CONDI					
U TO THE	DISEASE OR CONDITION	CAUSING IT				
J 19A. DATE	OF OPERATION 1	98. MAJOR FINDINGS O	F OPERA	TION		20. AUTOPSY?
21A. ACCI	DENT WAS UNDER-	218. PLACE OF INJURY	Y (e. g., in o	r   21c. WHERE DID (I	f in Baltimore City,	YES NO X
LYING CAUSE OF	OR CONTRIBUTING	about home, farm, factory, street, o			in battimore Orty,	give exact location)
210. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY O	CCURRED	21F. HOW DID INJURY	OCCUR?	
			OT WHILE			
22. I here	by certify that I att	ended the deceased from	n		. 19	, that I last saw the
deceased of		. 19 and that deat		ed atm., from the		he date stated above.
23A. SIGNA	ATURE 1	>	231	ADDRESS	1	23c. DATE SIGNED
O.A. BUBIAL	11118		4. 0.	1400 N. Caroline		11/2/51
TION REMOVAL	Specify) 24B DATE	24C. NAME OF	EMETERY	OR CREMATORY 240. LO	CATION (City, town	, or county) (State)
DATE PECEN	1116/	of woods	awy	10m. 140	ralawn,	ma.
HOPAL REGIS		S SIGNATURE	3	S UNERAL DIRECTOR	J 18/	ADDRESS
	33/	- ELAN ( IN AND WAY ) W	Vi	mcly Hom	Juneal Hon	e40 61 Nelchille
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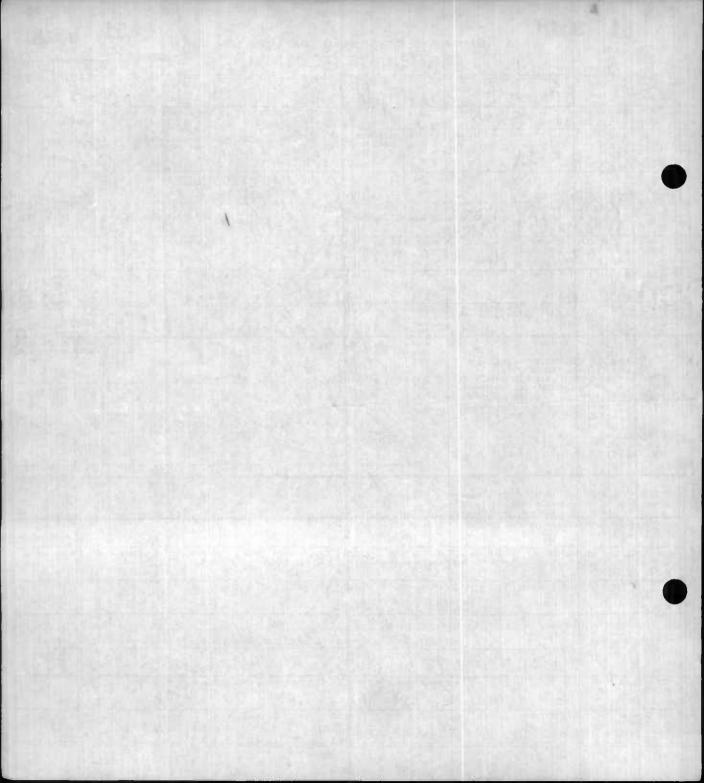
BIRTH NO.		E OF DEATH	Registered No	L OUTER
1. NAME OF DECEASED (Type or Print) JAMES RAIL W	OOSTER, Jr.		2. DATE OF NOV.	4, 1951
3. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF S (If not in hospital HOSPITAL OR FUBLIC HES	or institution, give street address o	4. USUAL RESIDENCE (W	here deceased lived. If in s. COUNTY	before admission)
Washitution Hospite Wash Pk. Drive & 31st	St.	Two Rivers	outside corporate limits,	write RURAL and give township)
c. Length of stay in Baltimore	28 days Yrs. Mos. Days	Route 1	rural, give location)	
5. SEX   6. COLOR OR RACE   7	V. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MARY 100	3/6/28	9. AGE (In years last birthday) Mont	der   Year   ff Under 24 Hours   Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	ов. KIND OF BUSINESS OR INDUSTR CG Retired	11. BIRTHPLACE (State or for Mi ch.	reign country) 1	2. CITIZEN OF WHAT COUNTRY? USA
James Wooster		14. MOTHER'S MAIDEN NA Clara Brown	AME	
15. WAS DECEASED EVER IN U. S. ARMED F Yes, no or unkoowo) (If yes, give war or dates o	service) SECURITY NO.	17. INFORMANT Records- US PHS		oress lto, Md.
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau  ANTECEDENT CAUSE:  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	dying, e.g., the disease, sed death.)  S  Postop  (B)  Postop  (B)  Postop  OUT TO  DUE TO	of DEATH  ne tumor of brain  perative state cran		Over 2 yrs.
OTHER SIGNIFICANT CONDITI	OT RELATED			
d 10/22/51	. MAJOR FINDINGS OF OPE Cerebellar absces			YES X NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		f in Baltimore City, give	ve exact location)
TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURI WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
22. I hereby certify that I attended alive on Nov. 4 23 ASSIGNATURE MCLINTON	1951, and that death occu	ct. 7 ,1951, to No wrred at10:15Pm., from t 23B. ADDRESS S PHS Hospital, H	he eauses and on the	e date stated above
24A. BORIAL, SALMA- 24B. DATE HOR, REMOVAL (Specify)				23c. DATE SIGNED
DATE RECEIVED BY REGISTRAR'S	951 Bedula- N	ERY OR CREMATORY 24d. L	Two Gives	

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DID <b>T</b> IL NO	CERTIFICAT	E OF DEATH	Registered I	VooV
BIRTH NO.				
1. NAME OF DECEASED aran (Type or Print)	drom ondo		2. DATE OF DEATH	3-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland 'B dl	to, ma	A. STATE	E (Where deceased fived. If B. COUNTY	institution: residence before admission)
HOSPITAL OR	titution, give street address or location)	C. CITY OR TOWN	(If outside corporate limit	s write RURAL and give
INSTITUTION HOLD WAR	nella 80	Balts.	22	O 2 township
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS.	(If rural, give location)	L. 1999
	IGLE, MARRIED. DOWED, DIVORCED (Specify)	3-29-19	9. AGE (In years last birthday) Mo	f Under 1 Year if Under 24 Hours on the Days Hours Min.
ork done during most of working life, even if retired)	SIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDE	N NAME	
nick keys-		Mary Sy	iale	
15. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, ao or unknowo) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	· 10 406	DDRESS.
18. 490 X	CAUSE	OF DEATH	y and	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	1/	east fail		Olisti Allo Stall
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d injury or complication which caused of	sease,	a l		4
ANTECEDENT CAUSES	00	la bue		11 401
DISEASES OR CONDITIONS, IF ANY, C	(B)	nor pre	monea	1 west.
UNDERLYING CONDITION LAST.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OBATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSIN	LATED			
	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
<b>S</b>				YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING abooth CAUSE OF DEATH	PLACE OF INJURY (e. g., is ome, farm, factory, street, office bldg., e	o or 21c. WHERE DID lote.) INJURY OCCUR?	(If in Baltimore City, g	give exact location)
TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURR	ED 21F, HOW DID IN.	JURY OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended	the deceased from	43/ ,195/to	kor 3 , 195	that I last saw the
deceased alive on 3, 195	L, and that death occur	red at 3:00 Am., fro	om the causes and on th	re date stated above.
23A. SIGNATURE HOVE SI	/cy /4. D.m.o. 2	(O) N. M.	wwe St	23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	CAGO CEMETE	RY OR CREMATORY 24	o. LOCATION (City, town.	or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGN	ATURE	25 FUNERAL DIRECT	OR · V	ADDRESS
LOCAL REGISTRAR	- W.11: -44 4	BM 12 0	= 130 ulla	

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				MORE CITY H					O CO St. CO
В	IRTH NO.		CE	RTIFICAT	E OF DE	ATH	Registe	red No	
	NAME OF DEC		ERMAN KRAN	ER	f		2. DATE OF DEATH	1/4/51	
	PLACE OF DEAT Baltimore City				4. USUAL RE	ESIDENCE (V	here deceased liv		tion : residence before admission
H	FULL NAME OF OSPITAL OR ISTITUTION	4613 Pa	alorinstitution, erk Height nai Home	give street address or location)		Marylan OWN (If	outside corporate	Vimits, write	RURAL and giv township
c.	Length of stay	v in Baltimore		Yrs. Mos. Days	D. STREET A	DDRESS (If	rural, give location	on)	00
5.		COLOR OR RACE	7. SINGLE, M. WIDOWED	ARRIED, DIVORCED (Specify)	8. DATE OF E	F85	9. AGE (In year last birthday	rs     Under   Y   Months   D	ear   Il Under 24 Hours Ays   Hours   Min
10 wor	A. USUAL OCCU	PATION (Give kind of orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	Russ	oreign country)		TIZEN OF HAT COUNTRY
	3. FATHER'S NAN	is kna	mer_		14. MOTHER'S	s MAIDEN N	lan		
15 (Ye	5. WAS DECEASED F m, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or dute	FORCES? 16 s of service)	SECURITY NO.	17. INFORMA	1 Ben b	ramer	ADDRES	538-17 and a are
	18. 504.	0 1		CAUSE	OF DEATH				TERVAL BETWEE
	DISEASE LI (This does no heart failure,	OR CONDITION EADING TO DEA of mean the mode asthenia, etc. It mea mplication which	TH of dying, e. g., ans the disease,	(A) Ch-/	Cymph	ate-K	errean		
	AN	TECEDENT CAU	SES						
RTIFICATION	RISE TO THE	R CONDITIONS, I ABOVE CAUSE (A) IG CONDITION L	STATING THE	(B) DUE TO					
H		11		(C)			•••••••••••••••••••••••••••••••••••••••		
CERT	TRIBUTING TO	NIFICANT COND O THE OEATH, BUT ASE OR CONDITION	NOT RELATED						

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE

WORK

22. I hereby certify that I attended the deceased from\_

and that death occurred at 650 A.m. deceased alive on\_ 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

CREMATORY

21c. WHERE DID

INJURY OCCUR?

from the causes and on the date stated above. 23C. DATE SIGNED

I that I last saw the

20. AUTOPSY?

(If in Baltimore City, give exact location)

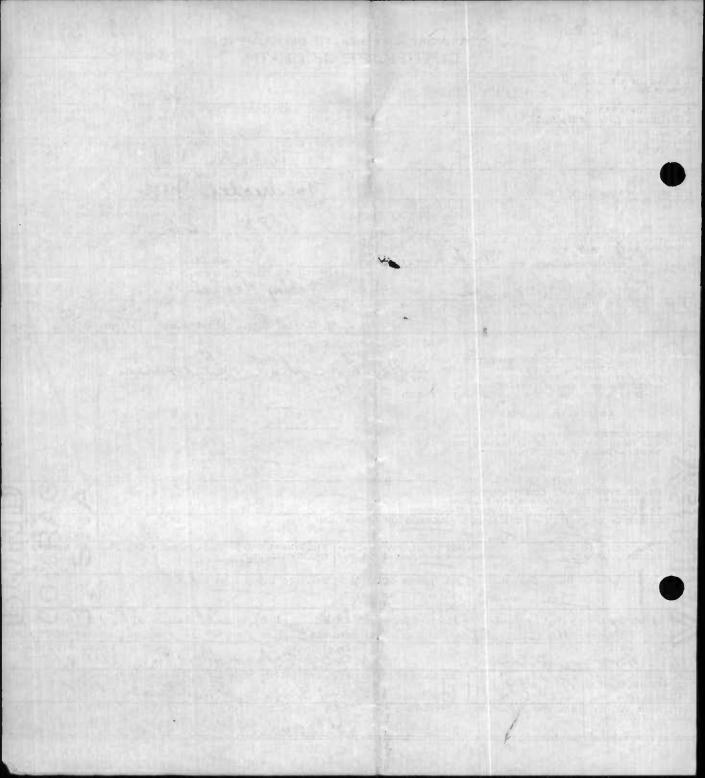
21F. HOW DID INJURY OCCUR?

ADDRESS

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

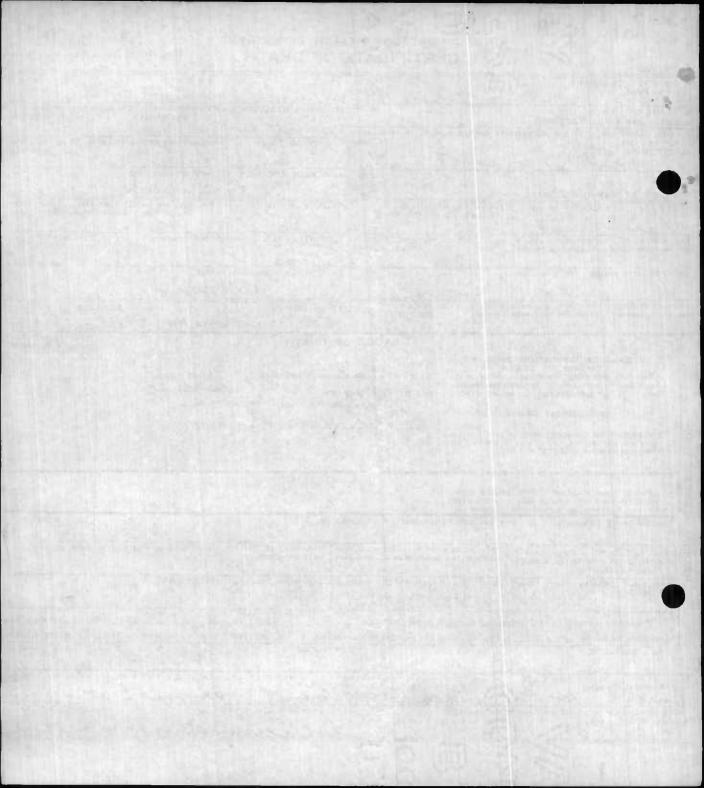
MEDICAL



### BALTIMORE CITY HEALTH DEPARTMENT

S1 9520 Registered No.

D.		RTIFICATE	E OF DEATH	Registered I	NO
	NAME OF DECEASED			2. DATE	/ .
	ype or Print) alra ha	me Q	orinsky	OF DEATH	15/51
A.	Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, g	ive street address or location)	c. CITY OR TOWN (If	outside cornorate limit	s, write RURAL and give
	ISTITUTION 8-1	1:11	(10 1	/	township)
-	or agres of	Yrs.	D. STREET ADDRESS (If	rural, give location)	1212
		Mos.	D. STREET ADDRESS (II	-1	S. IT
	bength of stay in Baltimore	Days	2037	Voyola	. Souldway
5.	SEX 6. COLOR OR RACE 7. SINGLE, MA WIDOWED, E	RRIED, DIVORCED (Specify)	8. DATE OF BIRTH		H Under   Year   H Under 24 Hours on the Days   Hours   Min.
6	Male! White		9/20	72	
	A. USUAL OCCUPATION (Give kind of the k done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
WOR	OWNER GASCE	p.ley	(Russia		WHAT COOKING
13	. FATHER'S NAME	1.665	14. MOTHER'S MAIDEN NA	AME	
	Vean Gar	ensky	Idnke	run	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. a, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	/ A	DDRESS 3716
(10	(11 )01 210 111 1100	SECORIAL NO.	Louis Bou	noky No	Moria Rd
	18. 1 - 14 4	CAUSE	OF DEATH	0	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0,1002	o. DEATH		ONSET AND DEATH
	LEADING TO DEATH	0	1		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)	emonary ed	incu	
	injury or complication which caused death.)	OUE TO 1- Tray	populintm of the fect	areuse	
	ANTECEDENT CAUSES	2. 44	popullinam	ia_	
7		(B) Cu	at the Becte	m	
Ō	DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO			
TA	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
Ü		(C)	•••••••••••••••••••••••••••••••••••••••	************************************	
RTIFICATION	II III				
R	OTHER SIGNIFICANT CONDITIONS CON-				
CE	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	194. DATE OF OPERATION 198. MAJOR FIN	DINGS OF OPER	ATION		20. AUTOPSY?
A					YES NO
EDICAL		OF INJURY (e. g., in actory, street, office bldg., e		f in Baltimore City,	give exact location)
Σ		INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR7	
K	INJURY WHILE				
	22. I hereby certify that I attended the dece			1/5 19	that I last saw the
	deceased alive on 10/31, 1951, and	that death occur	gred at 8:10 Am from t		
	23A. SIGNATURE		3B. ADDRESS	ne causes and on t	23c. DATE SIGNED
	Shan O H		St agne &	your tal	11/5/51
2	4A. BURIAL, CREMA- 24B. DAZE / 24C.	NAME OF CEMETE	OY OR CREMATORY   24D. L	OCATION (City, town	, or county) (State)
	ON, REMOVAL (Specify)		spara	1-00	St
1	2000 6/5/ 1AC	how mit		rorrect	ADDRESS //24
L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	The state of the state of	25. FUNERAL DIRECTOR		ADDRESS // LY
	NOV 6-1951	eule H	Sol Levino	AThere 26	whethare
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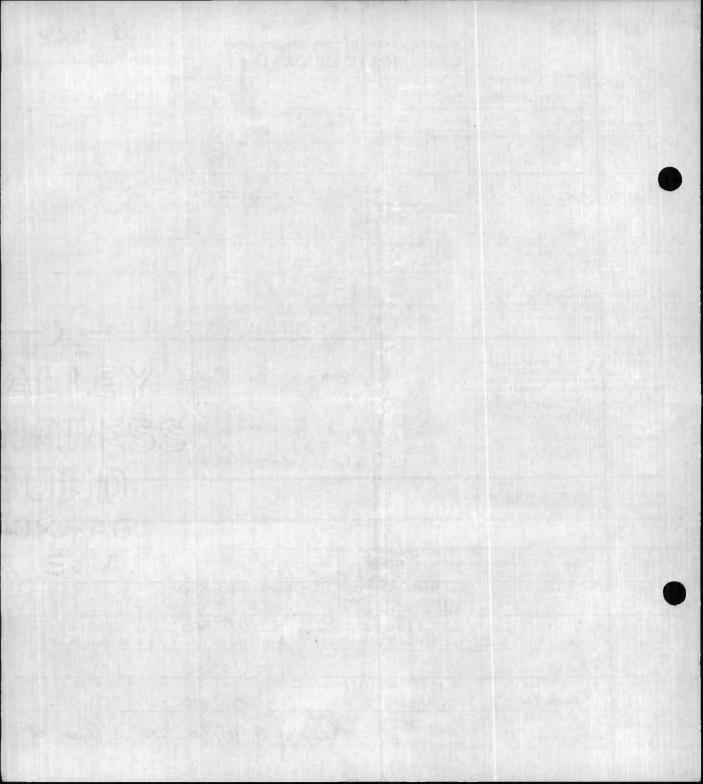
## BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) Martha Svegzda (Schierzka) Nov.3. 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: Baltimore A. Baltimore City, Maryland A. STATE 529Mary land By ROEd (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION 2529 Georgetown Road Baltimore, Md. D. STREET ADDRESS (If rural, give location) Yrs. 2529 Georgetown Road Mon c. Length of stay in Baltimore 60 vears Dava 9. AGE (In years If Under 1 Year Hours Min. 7. SINGLE, MARRIED 6. COLOR DR RACE 8 DATE OF BIRTH WIDOWED DIVORCED (Specify) Female 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT SOUNTRY Lithum ia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ignotas Svegzda 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. Dominick Sch ierzka INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Syperteusive C-V- ) Auteriosclerosis LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from July 27 1951 to how, 3 \_, 1951, that I last saw the deccased alive on 200. 3 1957, and that death occurred at 6:00 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Baltimore, Md. Holy Redeemer Burial 11-6-51 ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Joseph Kasinskas 11430 Homeland Ave

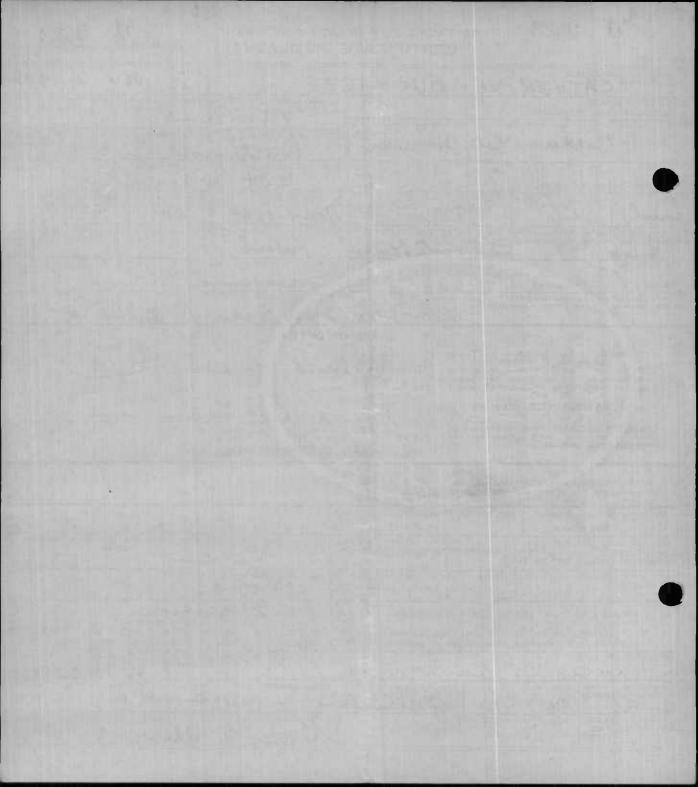
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11	Jack.
	and the property of

Registered No.

B	RTH NO.			CLIVIII ICATI	L OI BLAIII		
	NAME OF D		anda Go	recki		OF NOV,	5th,1951
В.	FULL NAME	City, Maryland 2			4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, I B. COUNTY	
HOSPITAL OR location at Home					Baltimore-31,	outside corporate lim	its, write RURAL and give township)
		tay in Baltimore	48yr	Days	D. STREET ADDRESS (If 2023 E. Pratt St.	rural, give location)	
	sex Female	White	Marrie	E, MARRIED, ED, DIVORCED (Specify) C	Aug, 15, 1888	9. AGE (In years last birthday) M	if Under 1 Year If Under 24 Hours fonths Days   Hours Min.
WOT	done during most o	CUPATION (Give kind of of working life, even if retired) OUSEWIFE	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Poland	oreign eountry)	12. CITIZEN OF WHAT COUNTRY?
13	Wojcie	h Chodkowski			14. MOTHER'S MAIDEN N Maryanna ??	AME	
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Piotr Gorecki 20		address treet
CERTIFICATION	OTHER S	GE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean ecomplication which of the complication which of the complication which complication which complication which complication which complication complication is to the death, but is ease or condition	FH f dying, e. g ns the disease aused death.  ES  F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE	(B) (C) (C)	enar Emol Butumen ( Tetevisiele	Parlets	ONSET AND DEATH  J. Marie L.
EDICAL (	19A. DATE C		9B. MAJOR	FINDINGS OF OPER	n or   21c. WHERE DID (	If in Baltimore City,	20. AUTOPSY?
ME	CAUSE OF TIME INJURY  22. I hereb	DEATH  (Month) (Day) (Year)  y certify that I att  live on 10-15-	(Hour) 2	vhile at NOT WHILE AT WORK AT WORK deceased from 1-1- and that death occur	ED 21F. HOW DID INJUR	11/5/18	that I last saw the the date stated above.
2.4 TI	IA. BURIAL, ON, REMOVAL (S	pecify)		M.D.   24c. NAME OF CEMETE St. Stanislaus		OCATION (City, town Dundalk Ave	
	ATE RECEIVE DCAL REGIST	RAR REGISTRAR	SIGNATU	RE Lights, Al	25. FORERAL DIRECTOR	eber 700-	S. Ann of
	VS 150	- 0		The state of the s			and



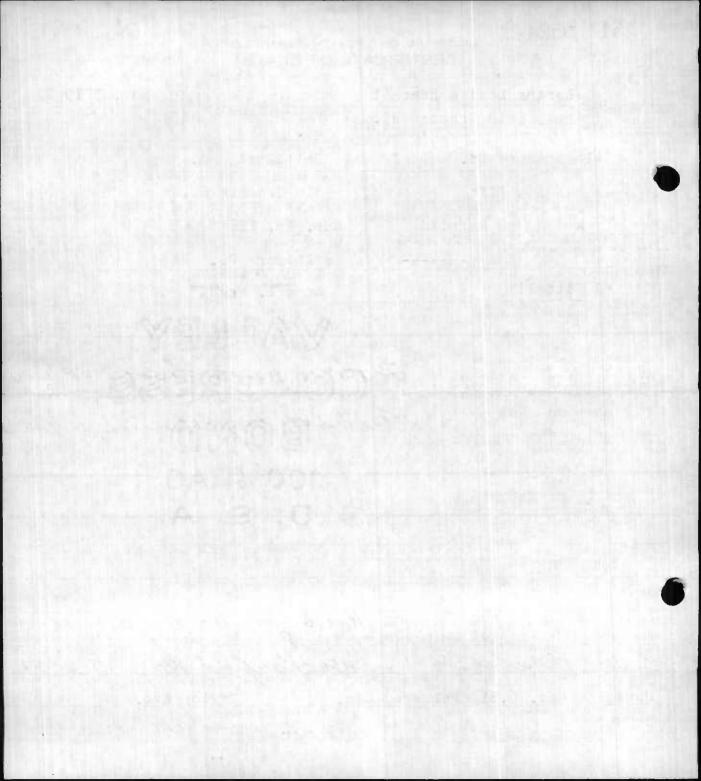
BIRTH NO.  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered  Registered	51 9523 ed No. 9523
1. NAME OF DECEASED (Type or Print) CATHERINE BUCHACZ 2. DATE OF DEATH N	10 V. 4, 1957
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	
	limits, write RURAL and give 2 6 - 0 Cownship
c. Octh of stay in Baltimore ( Mos. Days 434 Jula )	ST.
	Months Days Hours Min.
work done of fine most of working life, even if retired)  Frole Co. Inc.    11. BIRTHPLACE (State or foreign country)   11. BIRTHPLACE (State or foreign country)   12. BIRTHPLACE (State or foreign country)   12. BIRTHPLACE (State or foreign country)   13. BIRTHPLACE (State or foreign country)   14. BIRTHPLACE (State or foreign country)   14. BIRTHPLACE (State or foreign country)   15. BIRTHPLACE (State or foreign country)   15. BIRTHPLACE (State or foreign country)   16. BIRTHPLACE (State or foreign country)   17. BIRTHPLACE (State or foreign country)   17. BIRTHPLACE (State or foreign country)   17. BIRTHPLACE (State or foreign country)   18. BIRTHPLACE (State or foreign c	12. GITIZEN OF WHAT COUNTRY
13. VATHER'S NAME  14. MOTHER'S MAIDEN NAME  49  Maryama  49	
(YS. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 20-03-9531 Mary Baker 434 S.	ADDRESS It
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart fullure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Hypertensive Carlowice  (C) Condition Caused  (C) Con	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
d home home	ity, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e. a., in or about home, farm tectory street, plice bidg., etc.) UTING CAUSE OF DEATH.	ity, give exact accuration,
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described above, held an Autops, Inspection or Inquiry, find that said deceased died or and death in my opinion resulted from: natural causes , accident . suicide . homicide .	thereon and from the day stated above number of the day stated above.
23A SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DIAL MEDICAL INVESTIGATOR	1 239. DATE SIGNED
24a. BURIAL. CREMA- 24B. DATE   24c. NAME OF CEMETERY OF CEMETERY 24c. LOCATION (CITY) TION REMOVAL (Specify) Not 841951 Stanslaus 1300 timeball	town, or county) / (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE.  LOCAL REGISTRAR  25. FUNERAL DIRECTOR  LOCAL REGISTRAR  26. FUNERAL DIRECTOR  LOCAL REGISTRAR	ADDRESS
V S 151	935



83a

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Bertha Louise Knachel	2. DATE OF NOV. 3 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland 5414 Tramore Rd.  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
HOSPITAL OR INSTITUTION 5414 Tramore Rd.	
c. Length of stay in Baltimore Life Yrs.  Mos. Days	p. STREET ADDRESS (If rural, give location) 5414 Tramore Rd.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)   Married	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
10a, USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) NONE INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
13. FATHER'S NAME Richard Fitzell	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Anna L. Krauk  17. INFORMANT ADDRESS
(If yes, give war or dates of service) SECURITY NO.	Adam R. Knackel 5414 Tramore Rd.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	inial Hypertunian 6 Ylar
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	in or   21C. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR MILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 11. 2- 1951, and that death occur	week, 1949 to 11 - 3 - , 1951 that I last saw the tred at 1 pm., from the causes and on the date stated above
f. W. Playee M.O.	4508 Herberd Pel 11.5.51
24a Davial Crema- tion, removal (Specify) Burial Nov. 6,51 Parkwood Cei	m. Taylor Ave. (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Paul A. Heemann 6067 Harford Rd.
VS 150	19512 830



A-1060

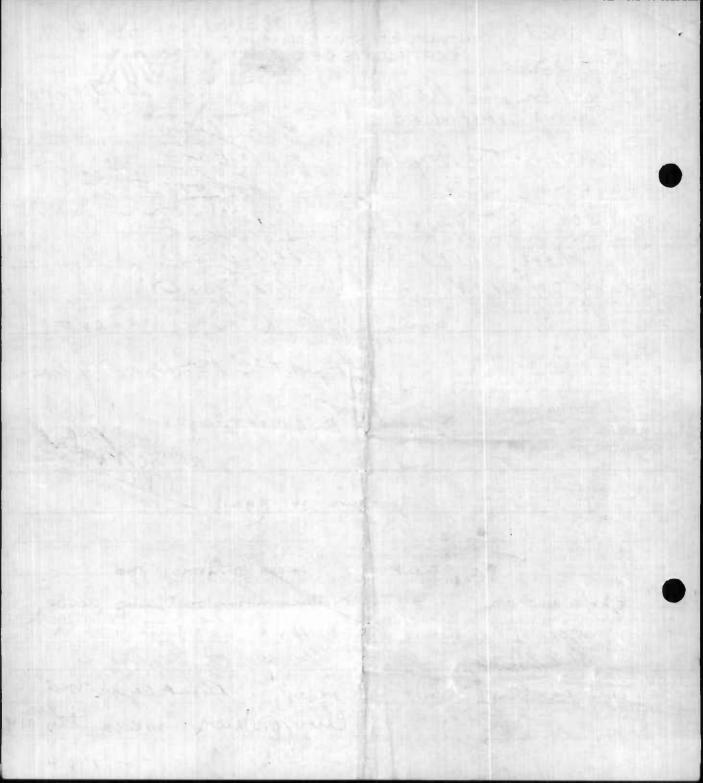
51 9526

Registered No.

-047									
	NAME OF DECEA	SED /ET	14	YULI	MAN	2. DA	TE // -	4-1	51
	PLACE OF DEATH Baltimore City,	Maryland			A. STATE	DENCE (Where dec			csidence (admission)
H	FULL NAME OF OSPITAL OR	(If not in hospit	al or institut	ion, give at eet address o location		(N (If outside	corporate limits	weit RUK	AL and give
11	ISTITUTION /12	6 Clo	ver	Road	Walt	more	-21	7	township)
c.	Length of stay i	n Baltimore		To Yrs.	D. STREET ADD	RESS (If rural, gi	ve location)	oa	do
-		OLOB OR RACE		MARRIED.	8. DATE OF BIR	TH 9. AG	E (In years birtiday) Mon	Under I Year   I	Under 24 Hours Tours; Min.
10	ALUSUAL OCCUPA	ATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BURTHPLACE	(State or foreign co	7	12. CITIZEI	N OF
vor,	by done during most of work	ing life, even if retired)	-	INDUSTR		esia			COUNTRY?
13	B. FATHER'S NAME	0		TOTAL STATE OF	14. MOTHER'S N	AIDEN NAME	1		
15	5. WAS DECEASED EV	ER IN U. S. ARMED	FORCES?	16, SOCIAL	Leah	1		-	
(Ye	u, no or unknown) (If	yes, give war or date	s Of service)	SECURITY NO.	Mae.	lockan	AL -	DDRESS	uel
	18. 4/20	. / 1		CAUSE	OF DEATH	70000			L BETWEEN
	DISEASE OF	R CONDITION	TH		4.000	- 4P.		ONSE!	A.
	heart failure, ast	mean the mode o	ns the disease	2,	he come	of russia	TOSCO	40	2006
		dication which c		DUE TO	more on	ing oder	ous		
Z				(в)в	mary	work	cener	2.	m.
OIL	RISE TO THE AE	CONDITIONS, IF BOVE CAUSE (A) CONDITION LA	STATING TH	E DUE TO	cornery	orty se	lome,		
10				(C)	***************************************		**********************	******	*****************
RTIF	OTHER SIGNII	II FICANT CONDI	TIONS CON						
CE	TRIBUTING TO TO THE DISEAS	HE DEATH, BUT	NOT RELATE	D			••••		***************
CAL	19A. DATE OF OP	ERATION 1	9в. MAJOR	FINDINGS OF OPE	RATION			20. AU	ND ND
MEDIC	21A. ACCIDENT LYING OR COI CAUSE OF DEAT	NTRIBUTING		CE OF INJURY (e. g., arm, factory, street, office bldg.			timore City, g	ive exact loc	cation)
~	TIME (Mont)	h) (Day) (Year)		1E. INJURY OCCURE		D INJURY OCCU	R?		
			m.	WORK NOT WHILE					
H	22. I hereby cer	A 1 A A A A A A A A A A A A A A A A A A	. /		an 1000	1, to 11-4		, that I las	
ı	deceased alive o	n	/19, 0	and that death occu	rred at / n	i., from the caus	es and on th		E SIGNED
	hues	W3Kin		М. D.	23 20 m	tew Pol		11-	5-57
72	M. BURIAL, CREMA N. REMOVAL (Specify	24B. DATE	17	ew It	Carmel	1 240 LOCATIO	for	or county)	7.4
P	TE RECEIVED BY	REGISTRAR		RE	RE. FUNERAL DE	VERONE ?	Look	ADDRESS	动根
	VS 150			1/				940	a ve
								-//-	

3001 Harreson

450				
51 9527 BALL	TIMORE CITY HEA	LTH DEPARTMENT	51	9527
	CERTIFICATE		Registered No.	
BIRTH NO. 47 - 13328				
1. NAME OF DECEASED (Type or Print) Mullen, LE	Roy		OF DEATH NOV.	311951
3. PLACE OF DEATH: A. Baltimore City, Maryland  Balt	MOFE	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If inst	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	1 / location   -	c. CITY OR TOWN (III	IT NO	TA TATALAN
INSTITUTION UNIVERS: + 4,	405p:t2L	B2/+:N	outside corporate limits, w	township)
c. Length of stay in Baltimore	Yrs. Mos. Days	O. STREET ADDRESS (If:	rural, give location)	7.
5. SEX   6. COLOR DR RACE   7. SINGLE.	MARRIED. LE	B. DATE OF BIRTH		1 Year   If Under 24 Hours
Male COL IN	D DIVORCED (Specify)	une 29. 1949	last birthday) Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	FUNT	14. MOTHER'S MAIDEN NA	ORE I	1. 3. 4.
LEROY MUSILEN		LEliE P.	oolo	•
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (Yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDF	
718	none	I THOR.	400	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE OF			ONICET AND
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	H	EDATE!	E: LURE	1110.41
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES	Bloom	d TRANSF	CERTIFICATION APP	CHED BY
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	UMANSF	45.0 V	RUND
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO		COTIFICATION	show III.O.
	(6)		CENT	MINER
OTHER SIGNIFICANT CONDITIONS CON-	The ball of the	THE REAL PROPERTY.	( NE ME	CAL
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		e of skull	CERTIFICATION ASST. MEI	
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERA	TION		20. AUTOPSY?
V 212 PLAC	SE OS IN HIGH /	Late Wilese Dip. (1	C. D. H. C.	YES NO
LYING OR CONTRIBUTING	CE OF INJURY (e. g., in o m,factory,street,office bldg.,etc.	2 IC. WHERE DID (I	f in Baltimore City, give	(600
CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour)   2	IE. INJURY OCCURRED	21F. HOW DID INJURY	Stora, md.	(E)
INJURY	HILE AT NOT WHILE	217. HOW DID INSORT	-I	
Y/26/51 about 1:300 m.	NORK AT WORK	Thrown from	overhaning	auto
22. I hereby eertify that I attended the d		, 195 (to 1	W- 2, 1957, ti	hat I last saw the
deceased alive on Nov. 2, 1951. a		ed at 145 M., from the ADDRESS		late stated above. 3c. DATE SIGNED
M. E. Kulthur	M. D.	Mudlat	, 405 h. Fel	LOV 2
24A. BURIAL, CREMA- 24B. DATE 2.		DR CREMATORY 24D. L	CATION (City, town, or o	county) (State)
Burs 11-6-51	mr Pale	Jew K	Enoklyn	my
DATE RECEIVED BY   REGISTRAR'S SIGNATUR	F. 2006 M 3	5. FUNERAL DIRECTOR	AL	DORESS
LOCAL REGISTRAR	ALECTRAS INT	livery o, Wils	MIOTOBIO	ally any
VS 150				- 0
N- 803.9	* * * * * * * * * * * * * * * * * * * *	5 1 5		1700



51 9528

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	,
1. NAME OF DECEASED MARIE	.C. NOL	L	2. DATE // J-/	5-1
3. PLACE OF DEATH: 3 Q.25 VVIII	VASOR AYE	A. STATE	nere deceased lived, If institut B. COUNTY	ion: residence before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR SOR NURSIA	location		utside corporate limits, write	RURAL and give township)
c. Length of stay in Baltimore	YRS Mos.	8/4/1/1-	ARRE S	T
5. SEX 6. COLOR OF TACE 7. SIN	OVED DOVOATED (Specify	OCT-9-1868	9. AGE (In years If under I Y	ear If Under 24 Hours Thours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life aven if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for		TIZEN OF HAT COUNTRY?
AUGUST LANG	E	NOT KNOV	ME V	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, nn or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	MRS.M.BER	ADDRES	VARAST
18. 4500	CAUSE	OF DEATH	/ JIN	TERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	Auscular Fabra	OD-to	e-mentle
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dir	e. g., (A)	Market Annie	June -	2 Milliana
injury or complication which caused de	eath.) DUE TO			
injury or complication which caused do	eath.) DUE TO	Atleinsla		5 years
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, G	(自)	Anteriosclerosis	1	5 years
ANTECEDENT CAUSES	(B) IVING 5 THE OUE TO		1	5 yers
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING	(自)		1	5 yers
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT REL	(B)(CON-ATED		1	5 years
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT REL TO THE OISEASE OR CONDITION CAUSIN	(B)(CON-ATED			5 yers
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RELETED TO THE OISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJ.	CON- ATED G IT.  COR FINDINGS OF OPE	RATION		ES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OBSERSE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJ.  21A. ACCIDENT WAS UNDER. 21B.	(B)	RATION in or   21c. WHERE DID (If	2	ES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RELETED TO THE OISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MADELYING OR CONTRIBUTING 21B.	CON- ATED G IT.  OR FINDINGS OF OPE  PLACE OF INJURY (e. g., office bldg	RATION  in or 21c, WHERE DID (If (sto.) INJURY OCCUR?  RED 21F, HOW DID INJURY	in Baltimore City, give ex	ES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RELETED TO THE OEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJOR CAUSE OF DEATH  LYING OR CONTRIBUTING 21B. About he CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)	CON- ATED G IT.  COR FINDINGS OF OPE  PLACE OF INJURY (e. g., ome, farm, factory, street, office bldg  21E. INJURY OCCUR!  WHILE AT NOT WHILE 1. WORK AT WORK	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  RED 21f. HOW DID INJURY	in Baltimore City, give ex	YES NO act location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RELETED THE OISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR OF DEATH  21A. ACCIDENT WAS UNDER. 21B. About he CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY	CON- ATED G IT.  COR FINDINGS OF OPE  PLACE OF INJURY (e. g., mme, farm, factory, street, office bidg  21E. INJURY OCCUR!  WHILE AT NOT WHILE AT WORK  the deceased from	RATION  in or 21c. WHERE DID (If INJURY OCCUR?  RED 21f. HOW DID INJURY	in Baltimore City, give ex  OCCUR?	ves No act location)
DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RELETED TO THE OISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MAJOR DELYING OR CONTRIBUTING about he CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended deceased alive on 195, 195	CON- ATED G IT.  COR FINDINGS OF OPE  PLACE OF INJURY (e. g., mme, farm, factory, street, office bidg  21E. INJURY OCCUR!  WHILE AT NOT WHILE AT WORK  the deceased from	RATION  in or 21c. WHERE DID (If INJURY OCCUR?  RED 21f. HOW DID INJURY  E 19 46 TO THE INTERPRETATION OF THE	in Baltimore City, give ex  OCCUR?  195/that e causes and on the dat	ves No act location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RELETED THE OISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR OF DEATH  21A. ACCIDENT WAS UNDER. 21B. About he CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY	CON- ATED G IT.  OR FINDINGS OF OPE  PLACE OF INJURY (e. s., ome, farm, factory, street, office bldg  21E. INJURY OCCUR! WHILE AT NOT WHILE WORK  The deceased from  I, and that death occur.  M. D.	RATION  in or 21c. WHERE DID (If INJURY OCCUR?  RED 21f. HOW DID INJURY  E 1946to 70  urredat 550 Pm., from the 23b. Address 517 SCOOL	in Baltimore City, give ex  OCCUR?  195/that e eauses and on the dat  1230 17	res No act location)  t I last saw the estated above. DATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT REL TO THE OISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MAJ  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About he CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended a deceased alive on 10 5 19.5  23A. SIGNATURE	CON- ATED G IT.  OR FINDINGS OF OPE  PLACE OF INJURY (e. s., ome, farm, factory, street, office bldg  21E. INJURY OCCUR! WHILE AT NOT WHILE WORK  The deceased from  I, and that death occur.  M. D.	RATION  in or 21c. WHERE DID (If INJURY OCCUR?  RED 21f. HOW DID INJURY  IT TO THE INJURY OCCUR?	in Baltimore City, give ex  OCCUR?  195/that e causes and on the dat  CATION (City, town, or) or  EDERICK THE	t I last saw the e stated above. DATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RELETED THE OISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJOR OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended deceased alive on 195.  23A. SIGNATURE	CON- ATED G IT.  OR FINDINGS OF OPE  PLACE OF INJURY (e. g., ome, farm, factory, street, office bldg  21E. INJURY OCCUR! WHILE AT NOT WHILE AT WORK  the deceased from  I, and that death occur  ATURE  ATURE	RATION  in or 21c. WHERE DID (If INJURY OCCUR?  RED 21f. HOW DID INJURY  IT TO THE INJURY OCCUR?	in Baltimore City, give ex  OCCUR?  195/that e eauses and on the dat  1230 17	t I last saw the e stated above. DATE SIGNED

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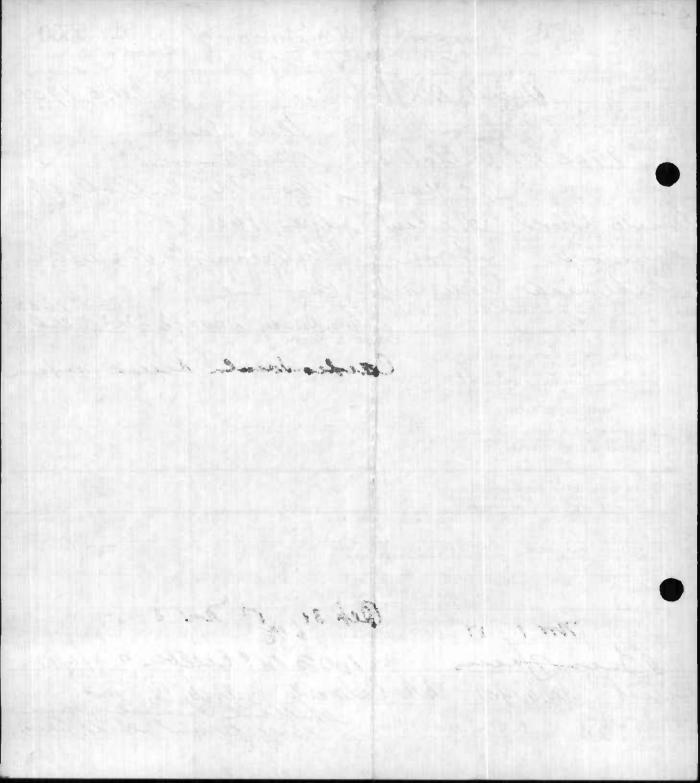
51 9529 Registered No.

BIRTH NO.		
1. NAME OF DECEASED CHARKES 50	ORION 2. DATE OF OF DEATH	5-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, rive street address or HOSPITAL OR location)		0
INSTITUTION/227 VIE Matheur St	c. CITY OR TOWN (If outside corporate limits, v	write RURAL and give township
Yrs.	D. STREET ADDRESS (If pural give location)	8.0
c. Length of stay in Baltimore 70 Mos.	1227 St Mathew	XX
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)		der I Yest II Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR OR dode during prost of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
aaron	Jannie	
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17 NFORMANT GORDOW - ADD	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Scorny infarction Dichetes	INTERVAL BETWEEN ONSET ANO DEATH
TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e		
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY  m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK		
" " " " " " " " " " " " " " " " " " " "	0/9 , 195/, to 11/3 , 19 , t	that I last saw the
deceased alive on 11 3, 19 1, and that death occur		
23 ASIGNATURE	2048 /22/16081	23c. PATE SIGNED
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or	county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AR 2100 6	poress ectaw Pl
Vs 150	906E	61

(Bringlione)

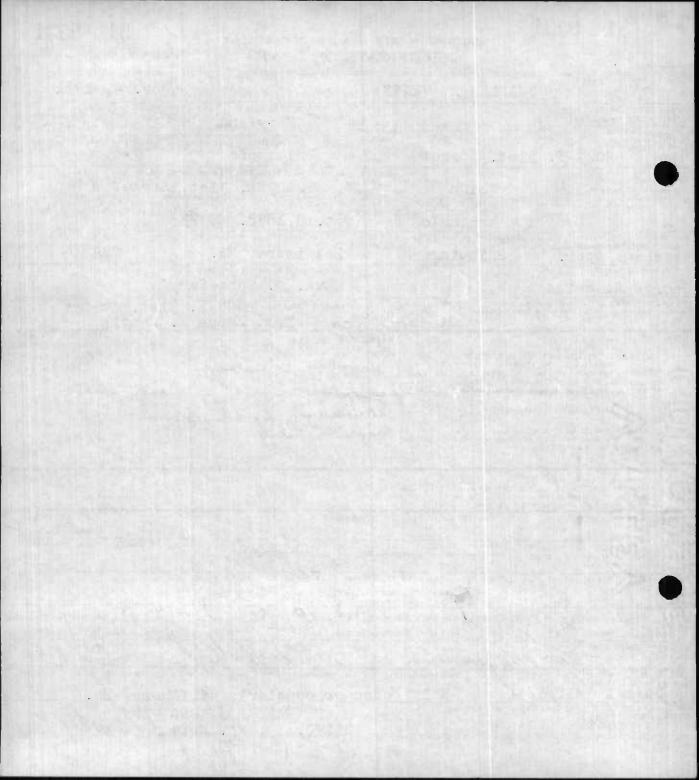
51 9530 Registered No.

BIRTH NO.	CERTIFICATE OF BEATTI	
1. NAME OF DECEASED (Type or Print)  Laisy	M. Johnson	2. DATE OF ANI. 3. 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR	ution, give street address or location	If outside corporate limits, write RURAL and give
INSTITUTION 1603 The Cu	11.11/1/183.014	more / 4 - 0 townships
	Yrs. D. STREET ADDRESS	If rural, give location)
	LE MARRIED.   8. DATE OF BIRTH	9. AGE (In years   H Under   Year   H Under 24 Hours
Female Colonel "12	Fidaw why 22 186.	lap birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dony during most of working life, even if retired)		foreign country)   12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	some Culpery	rer W. 0= lesa.
Rehemiah Th	uran Caroline	NAME ? ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS /603
	Mrs. Daisy D.	avage - m - Cullub St.
18. 4721	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	( all a also a describ	a decease unteres
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase,	a villa ungen
injury or complication which caused dea	th.) DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIV		
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		
<u> </u>	(C)	
OTHER SIGNIFICANT CONDITIONS C	ON.	
TRIBUTING TO THE DEATH, BUT NOT RELA	TED	
19A, DATE OF OPERATION   19B, MAJO	R FINDINGS OF OPERATION	20. AUTOPSY?
218 P		YES NO
- I ZIA. ACCIDENT WAS INDER.   ~ ID. I	LACE OF INJURY (e. g., in or 21c. WHERE DID e, farm, factory, street, office bldg., etc.)	(If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJU	RY OCCUR?
m.	WHILE AT NOT WHILE WORK AT YOUR	
22. I hereby certify that I attended th	e deceased from Left 3191 , to	And 3, 19 J, that I last saw the
deceased alive on 19		the causes and on the date stated above.
23A. SIGNATURE	238. ADDRESS	2006 5 23c. PATE SIGNED
24A. BORIAL, CREMA- 240 DATE	M. D. / 6 / 24c. NAME OF CEMETERY OF CREMATORY 24D.	LOCATION (City, town, or jounty) (State)
Survey Nan 6.1951	Int. Culvary a	a. a. Cs. ml.
DATE RECEIVED BY REGISTRAR'S SIGNAL	TURE 25 FLYIER OF DIRECTOR	Juneral Adoptione
NUV6-1951 tustington!	YMIAMIS, M. 165/ W.	ruid Will aus.
VS 150		020

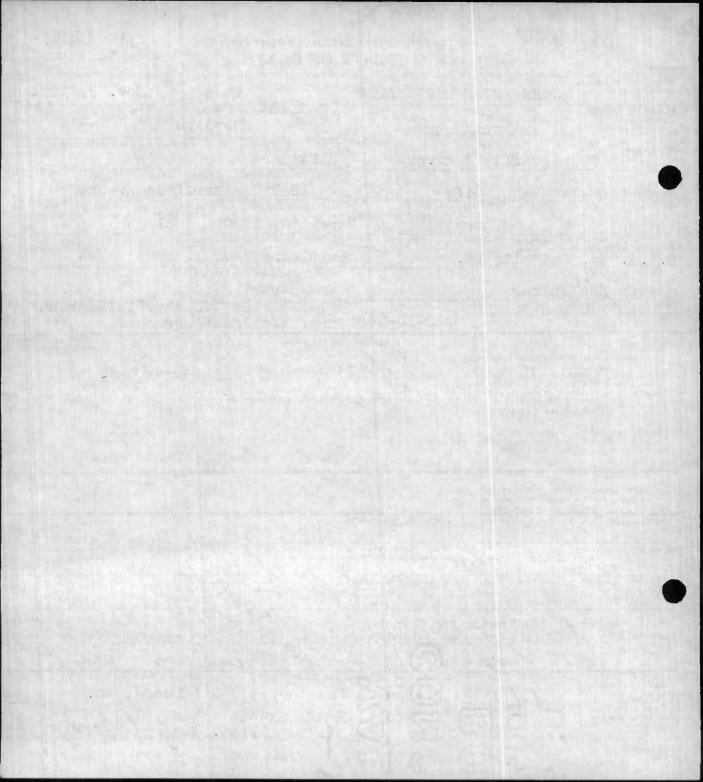


51 9531

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE OF NOV. 1. NAME OF DECEASED (Type or Print) CHARLES M. WEISS 4. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE Mary-land B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write, RURAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) Baltimore 2023 E. 31st. Street o. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 31st. Street 2023 E. c. Length of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 73 birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years M Single Oct. 8,1878. 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) USAWHAT COUNTRY Telebone Onen INDUSTRY Baltimore, Md. elehone Oper. Shipping 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eva. G. Schaefer George S. Weiss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 2023 E. 31st. ASTREET Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO -07-5548-A Mrs. Leona M. Mentis INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH 20,1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK () A. 1951 to 10. 4, 1951, that I last saw the deceased alive on 1951, and that death occurred at 8:00 m., from the causes and on the date stated above. 23A SIGNATURE 28C. DATE SIGNED consonerman 24A. BURIAL, CHEMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248. DATE Holy Redeemer cemetery burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR til ston Hollians, His ench 1. VS 150



51 9532 BALTIMORE CITY HEALTH DEPARTMENT 51  CERTIFICATE OF DEATH Registered No	9532
1. NAME OF DECEASED  (Type or Print)  JOHN PETER HESSENAUER  2. DATE OF DEATH OF DEATH	3, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  Maryland  A. STATE  Maryland	itution : residence before admission
B. FOLL WARE OF (IT not in nospital of institution, give street address of	
INSTITUTION   C. CITY OR TOWN (If outside corporate limits, w	township
Yrs. D. STREET ADDRESS (If rural, give location) Mos.	110
c. Length of stay in Baltimore Life Mos. Days 2867 Chesterfield Aven 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years)   Unide	H 1 Year   II Under 24 Hours
M W Married March 30, 1890 last birthday) Months	
work done during most of working life, even if retired)	CITIZEN OF
12 EATHERS NAME	DA
Peter Hessenauer Emma Kemp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT 2867 Chegierted	REARTENUE
No (17 yes, give war or dates of service) 212-10-3686 Mrs. Matilda Hessenauer	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give LyING OR CONTRIBUTING   short benefits feelery, street, office bldg., etc.) INJURY OCCUR?	YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About the far feelory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or Injury of Injury occur?  About the far feelory, street, office bldg., etc.)	exact location)
D. TIME (Month) (Day) (Year) (Hour)	
m. WHILE AT NOT WHILE AT WORK AT WORK	
	hat I last saw th
deceased alive or 19 and that death occurred at m., from the causes and on the causes and on the causes and on the causes are as a signature at m., from the causes and on the causes are as a signature at m., from the causes and on the causes are as a signature at m., from the causes and on the causes are as a signature at m., from the causes and on the causes are as a signature at m., from the causes and on the causes are as a signature at m., from the causes and on the causes are as a signature at m., from the causes are as a signature at m., from the causes are as a signature at m., from the causes are as a signature at m., from the causes are as a signature at m., from the causes are as a signature at m., from the causes are as a signature at m., from the causes are as a signature at m., from the causes are a signature at	Sc. DATE SIGNED
James racese 1/8. Chase the	015,57
24a. BURIAL GREMA- 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or continuous property)  Parkwood Cemetery Baltimore, Md	//
DATE RECEIVED BY   REGISTRAR'S SIGNATURE/)   25 FUNERAL DIRECTOR - TOTAL AL	DRESS
LOCAL REGISTRAR HENRY SANDER & SONS, INC. 7	rudy
VS 150	3/2



21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour)

INJURY WHILE AT

November 1, 1951 to November 5, 1951, that I last saw the

22. I hereby certify that I attended the deceased from\_ deceased alive on Nev. 5, 1951, and that death occurred at 7 2 p.m., from the causes and on the date stated above. 23A SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

AMES DEUZDZINSKI

21F. HOW DID INJURY OCCUR?

ENSTERM AVE.

24D. LOCATION (City, town, or county)

ADDRESS 1407 ENSTERNANT

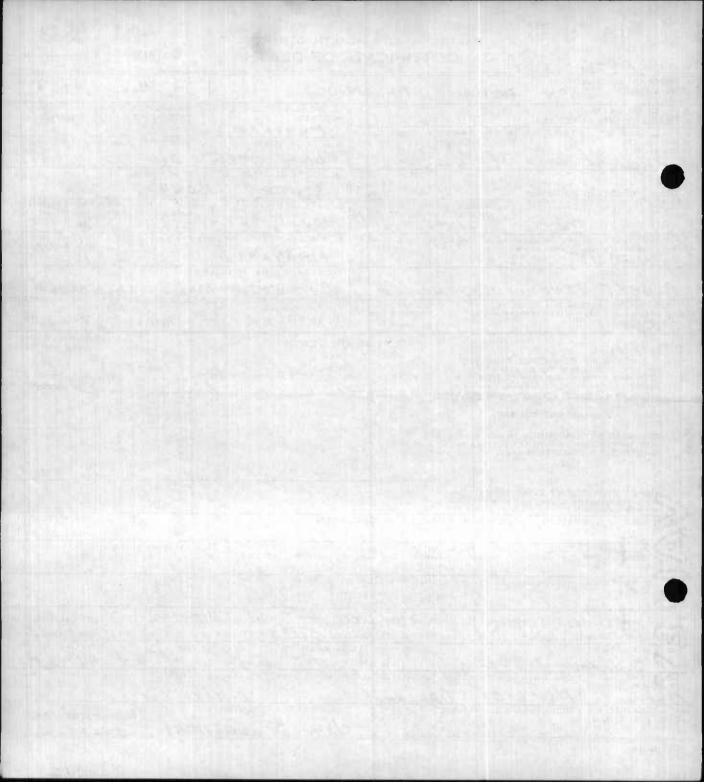
23c. DATE SIGNED

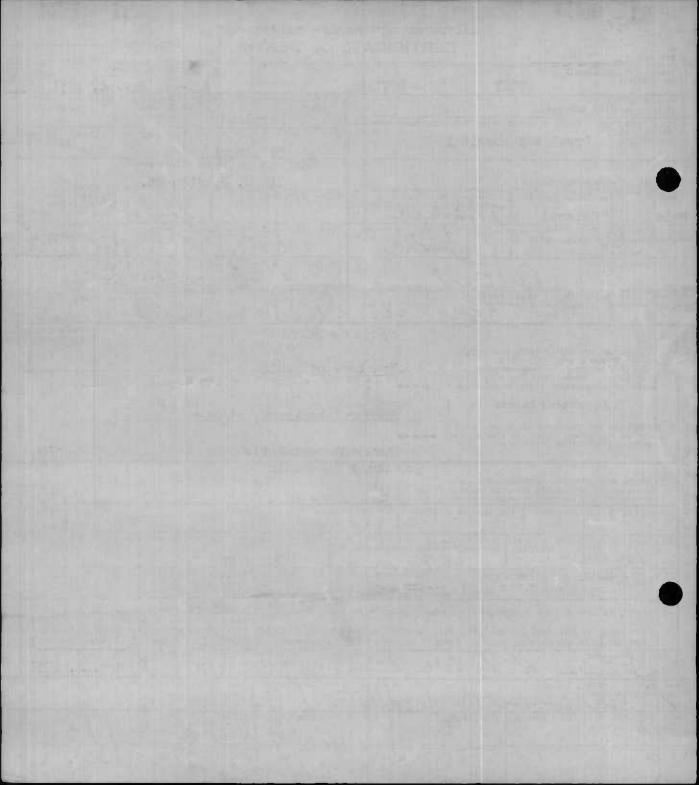
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BURLAN

DATE RECEIVED BY

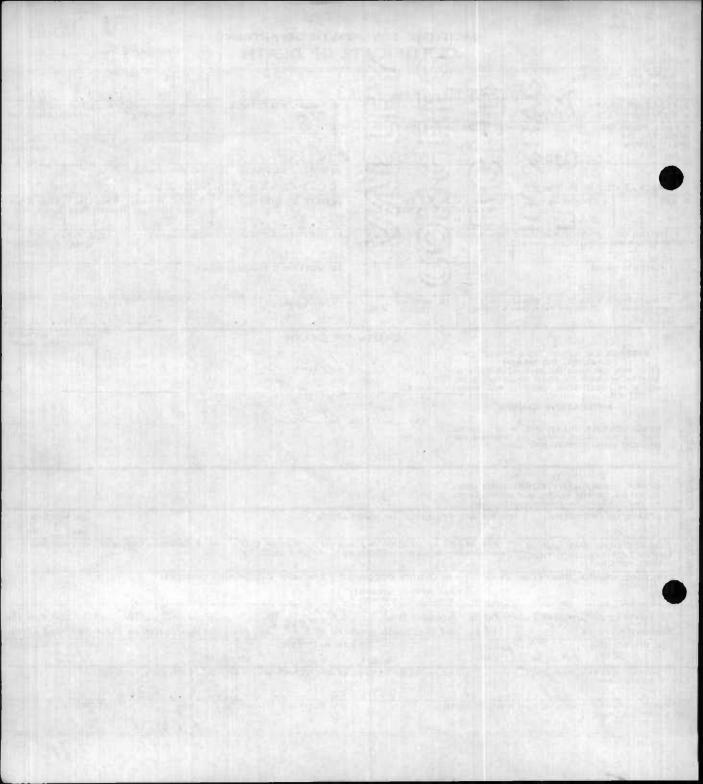
LOCAL REGISTRAR





51 9535

	BAL	CONTRACTOR IN	EALIN DEPART	MENI	137
BIRTH NO.		CERTIFICAT	E OF DEATI	H Registere	ed No
1. NAME OF DECEASED (Type or Print)	UPNDV 1	WILLIAM WERI	17	2. DATE OF	4 7057
3. PLACE OF DEATH: A. Baltimore City, Maryland		A TITITEM MULLIN		DEATH W INCE (Where deceased lived B. COUNTY	
B. FULL NAME OF (If not in hos HOSPITAL OR INSTITUTION	spital or institut	ion, give street address or location)		(If outside corporate )	imits, write RURAL and give
Lutheran	Hospita		Baltimore		township)
c. Lagth of stay in Baltimore		Yrs. Mos. Days		ss (If rural, give location ylvania Ave.	13=03
5. SEX 6. COLOR OR RAC male white	WIDOW	E, MARRIED, YED, DIVORCED (Specify) Pried	B. DATE OF BIRTH	last birthday)	Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kin ork done during most of working life, even if retired)	dof 10B. K1ND	OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer   City Balto.			Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John Wernz			Elizabeth Wise		
15. WAS DECEASED EVER IN U. S. ARI (15 yea, give war or o	MED FORCES? letes of service)	16. SOCIAL SECURITY NO. NO	Mrs. Mary	C. Wernz -260	ADDRESS 67 Penna. Ave.
1B. 420.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY				ONSET AND DEATH
(This does not mean the mod heart failure, asthenia, etc. It n	e of dying, e. g	e,	ronary	Occlusio.	y ser. hrs.
injury or complication which		the state of n Arcoscopies	4		? years
DISEASES OR CONDITIONS			extension	CVD	8
RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION		(C)	•••••		
OTHER SIGNIFICANT CON			HAMELES		
TO THE DISEASE OR CONDITI					
194. DATE OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., o		D (If in Baltimore Cit	ty, give exact location)
21D. TIME (Month) (Day) (Ye		VHILE AT NOT WHILE		INJURY OCCUR?	
22. I hereby certify that I	attended the	deceased from	1947 19	, to hov. 4 ,19	95", that I last saw the
deceased alive on Oct, )	1951			from the causes and or	
1 . Thigh	stern	м. р.	00.	outed It	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  11/7/	51	New Cathed	ry or CREMATORY	Balto. Md.	
DATE RECEIVED BY   REGISTRA	R'S SIGNATU	RE	25. PUNERAL DIRE	The state of the s	ADDRESS
VS 150			X 1/4/11.	The state of the s	001
			100	1/2 1/1 1	17 11/1



last birthday) Months Days Hours Min.

**ADDRESS** 

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YES

(If in Baltimore City, give exact location)

Ave.

Oak

500 September 1000	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.
NAME OF DECEASED Type or Print)	ROBERT WILLIAM SEIM	2. DATE OF DEATH NOV. 5.
. PLACE OF DEATH: . Baltimore City, Maryland .FULL NAME OF (If not in ho		(Where deceased lived. If institution: B. COUNTY befo

1951 residence re admission) HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township)

3800 Hillsdale Rd. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos.

agth of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE

male mhite married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

work done during most of working life, even if retired) INDUSTRY retired Treas. Exchange

13. FATHER'S NAME

Charles Augustus Seim

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH tenio Soleratico Hear

DUE TO

SECURITY NO. 215-09-4248

16. SOCIAL

OUE TO

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

CAUSE OF DEATH

deceased alive on . 4

23A. SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT

WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from\_ , 1951, and that death occurred at 12.30 m., from the causes and on the date stated above.

24c. NAME of CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE Burial

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Lorraine Park 25. FUNERAL DIRECTOR

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

Cemi

21F. HOW DID INJURY OCCUR?

Hillsdale

11. BIRTHPLACE (State or foreign country)

Caroline Bruce Hoffman

Mr. Edward R. Seim-5117 Gwynn

14. MOTHER'S MAIDEN NAME

9. AGE (in years

8. DATE OF BIRTH

Maruland

Julu 30.

Balto ..

24D. LOCATION (City, town, or county)

, 19 50 to hov . 5 , 19 51, that I last saw the

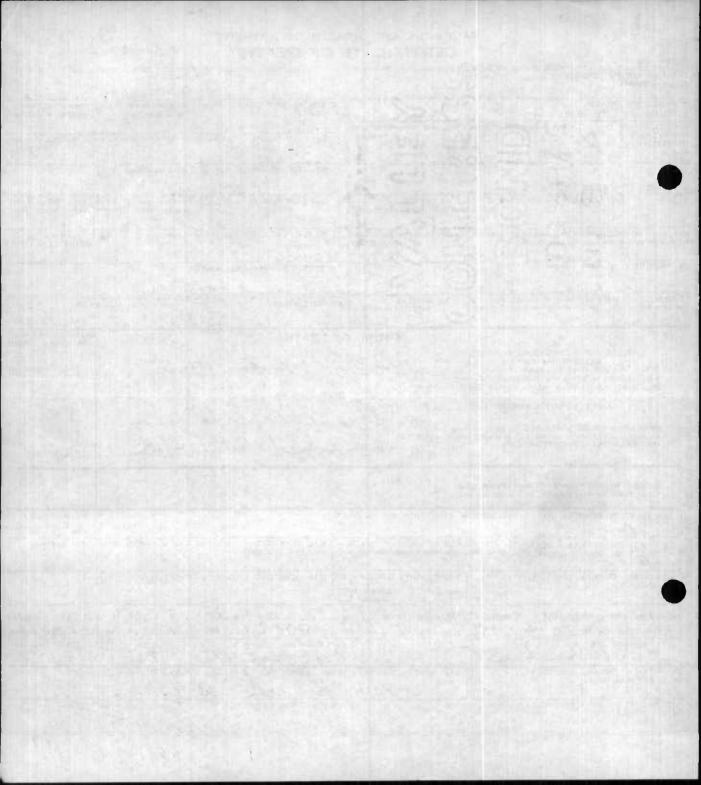
ADDRESS

VS 150

LOCAL REGISTRAR

CERTIFICATION

EDICAL



	351 9537 BIRTH NO.	BALTIMORE CITY HE CERTIFICATI		Registered	51 I	9537
1.	NAME OF DECEASED	ORENCE A. JARRETT		2. DATE OF	1021 5	7057
A.	PLACE OF DEATH: Baltimore City, Maryland	al or institution, give street address or location)	4. USUAL RESIDENCE (WA, STATE	here deceased lived, B. COUNTY	befo	: residence ore admission)
	120 S. Mo	unt St.	C. CITY OR TOWN (If Baltimore  D. STREET ADDRESS (If 1	outside corporate lim	nits, write RU	(RAL and give township)
c.	ngth of stay in Baltimore SEX   6. COLOR OR RACE	Mos. Days 7. SINGLE, MARRIED.	120 S. Mount		10-0	4
J	emale white	widowed (Specify)	Aug.31, 1868	9. AGE (In years last birthday)		Hours Min.
or	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  ABUSEWIFE	10B. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fo. Maryland	reign country)	I2. CITIZ WHAT	EN OF
	- Binnix		14. MOTHER'S MAIDEN NA	ME		
Ye	s. WAS DECEASED EVER IN U. S. ARMEE a. no or uubnnwn) (If yes. give war or deter NO	D FORCES? 16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. N. C. Wi.		ADDRESS Northe	rn Pkw
	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode o heart failure, asthenia, etc. It mea lnjury or complication which c	DIRECTLY TH of dying, e.g., (A) Asserting (A)	OF DEATH	ijvendista	INTERV	
CALION	ANTECEDENT CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	alized orderes	obrasio	?	,
CERILL	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
DICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	9B. MAJOR FINDINGS OF OPER.  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, nflice bldg., e	or   21c. WHERE DID (If	in Baltimore City,	YES (	NO 4
M	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) INJURY	OCCURT				
	22. I hereby certify that I att	ended the deceased from, 1951_ and that death occur	195, 1951, to lon		5 , that I le the date st	ast saw the

23A. SIGNATURE

AM. B. Schreibe

24A. BURIAL. CREMATION, REMOVAL (Specify)

24B. DATE

24C

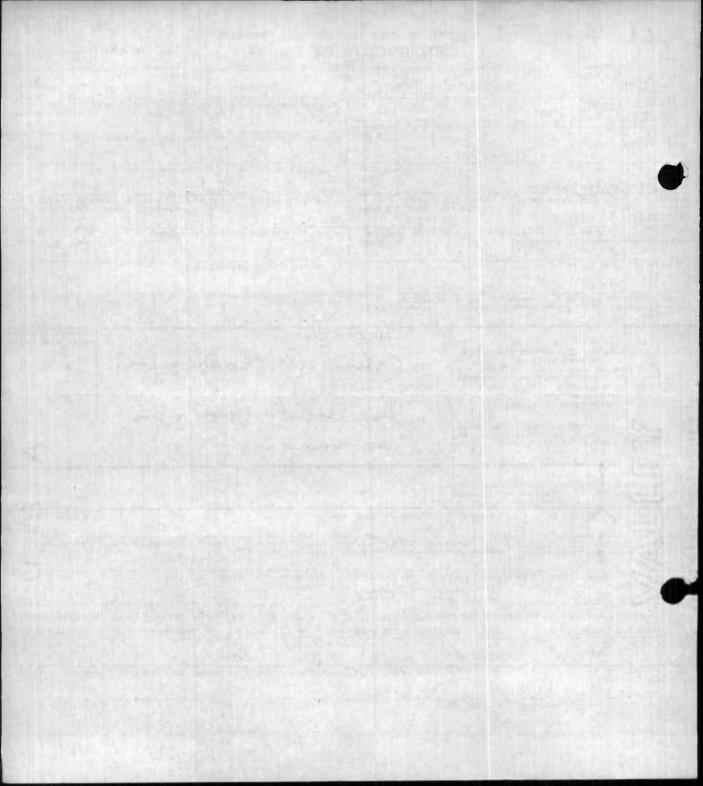
23C. DATE SIGNED

24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY LOCAL REGISTRAR

COM THE TOP 25 FUNERAL DIRECTOR

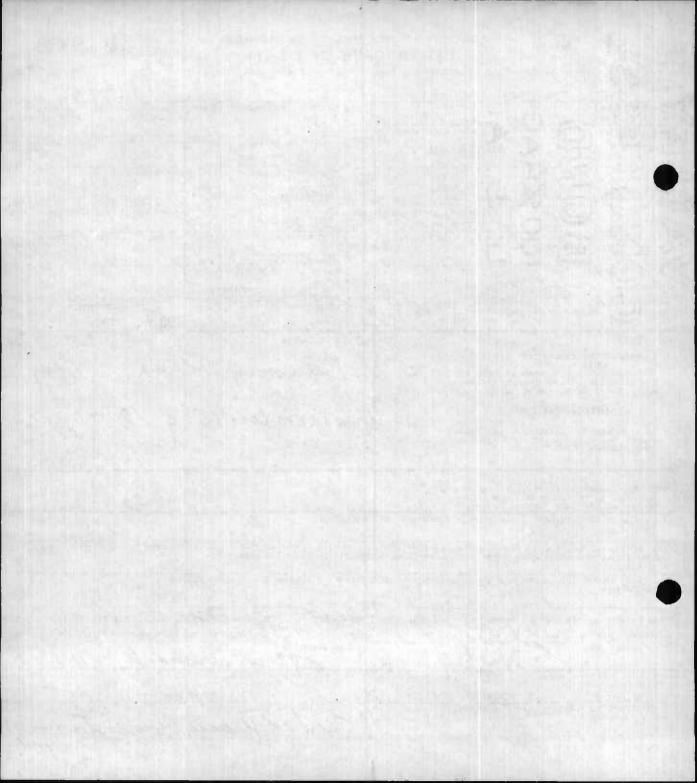
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH NOV. 5 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland I94I W. NORTH AVE. A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1941 W. North Ave. township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore I9/I W. NORTH Davs 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH If Under I Year 7. SINGLE, MARRIED 9. AGE (In years) If linder 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) OCT 20 1864 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE HAGERSTOWN. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMELIA SPIELMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 194IW. NORTH AVE. IRS MARY R INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Kulmonay Edema LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriordentic e V.D. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH LD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 195/ to UN. 5, 19 1/that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. , 19 1. and that death occurred at\_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 11-5 51 M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE NOV-7 T95T Cem. Burial ROSEHTI.I. HAGERSTOWN MD DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR



## BALTIMORE CITY HEALTH DEPARTMENT

51	9539

В	RTH NO.			CERTIFICAT	E OF DEATH	Regist	tered No.	
1.	NAME OF D	ECEASED				2. DATE		
(T	ype or Print)	Rebec	ca G.	Jackson			November 4, 1951	
	PLACE OF D Baltimore C	city, Maryland			A. STATE		lived. If institution : residence	
	FULL NAME OSPITAL OR			ion, give street address or location)				
	STITUTION	Clifton Nur		ome	C. CITT OR TOWN	(If outside corpora	ate limits, write RURAL and give township)	
		3502 Clifto	n Aven		Baltimore			
		tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRES  2 S. Calhou		tion)	
	emale	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	B. DATE OF BIRTH Dec. 22, 1858		vears If Under   Year   If Under 24 Hours   Min.	
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF	
R	et. Nu	f working life, even if retired) PSO		INDUSTRY	Baltimore, M	aryland	WHAT COUNTRY?	
13	FATHER'S				14. MOTHER'S MAIL			
		liam J. Jacks			Sarah J. Pa	tterson		
15 (Ye	, WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
`		, ,=,,		SECORITI NO.	Mrs. William	C. Runge. 4	509 Mainfield Ave.	
ICATION	heart failu injury or DISEASES RISE TO TI	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TE		oney ar	russelon	i 2 days	
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATE	D A	enelty			
	19A. DATE O	20. AUTOPSY?						
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH							
4	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
	deceased alive on 22. I hereby certify that I attended the deceased from Nov. 3, 1957, to Nov. 4, 1957, that I last saw deceased alive on 23, 1957, and that death occurred at 10 f.m., from the causes and on the date stated about							
	23A. SIGNAT	raham B.	Hur	with M.D.	3048 W. N	outh au.	Nov. 5, 1951	
T10	a. BURIAL, C ON REMOVAL (S burial	248. DATE 11/7/51		Loudon Park		240. LOCATION (Cit		
D	ATE RECEIVE	BY   REGISTRAR	SSIGNATU		25. FUNERAL DIREC		ADDRESS	
10	CAL BEGIAL	RAR	mm 31//1	0014	W. Cook In	7070	St. Paul Street	

Total Street Seed to the Contract mounted to Late 1 and the second second Market Market Committee Co

51	9540
100	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Mrs. Etta Maih] DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bon Secours Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. agth of stay in Baltimore 1900 N. Pulaski St-16 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Female white Married 2/9/83 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewi fe Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Parr Webb Rebecca 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY Cardiac Failure LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive Cardio Vascular Disease DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from North 3, 1951, to North 5, 1951, that I last saw the deceased alive on Nowards, 1951, and that death occurred at 4. 459m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED Bon Secous Hospital 11/5/51 24A. BURIAL, CREMA TION, REMOVAL (Specify 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) burial Loudon Park Cemetery Baltimore,

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

make how / yell the

CERTI

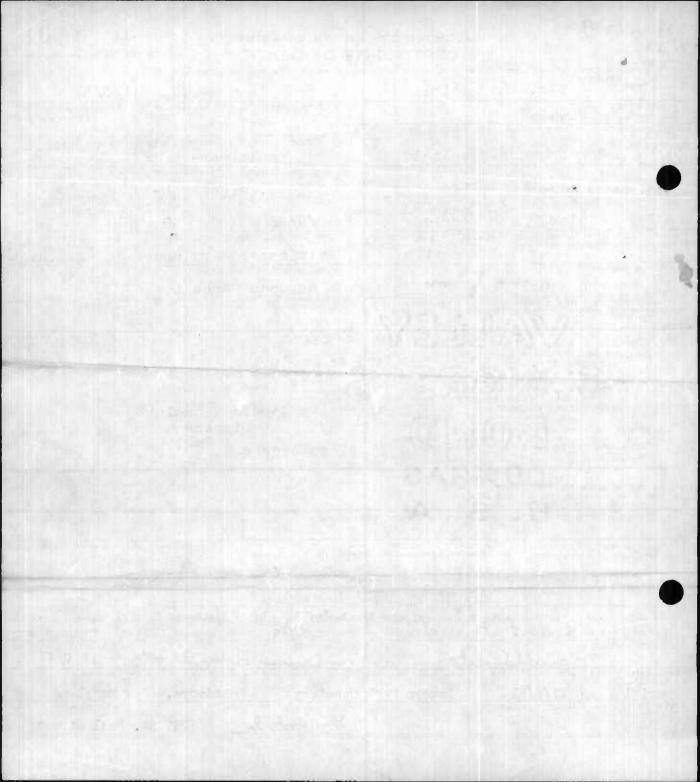
EDICAL

25. FUNERAL DIRECTOR

1217 St. Paul Street

Maryland

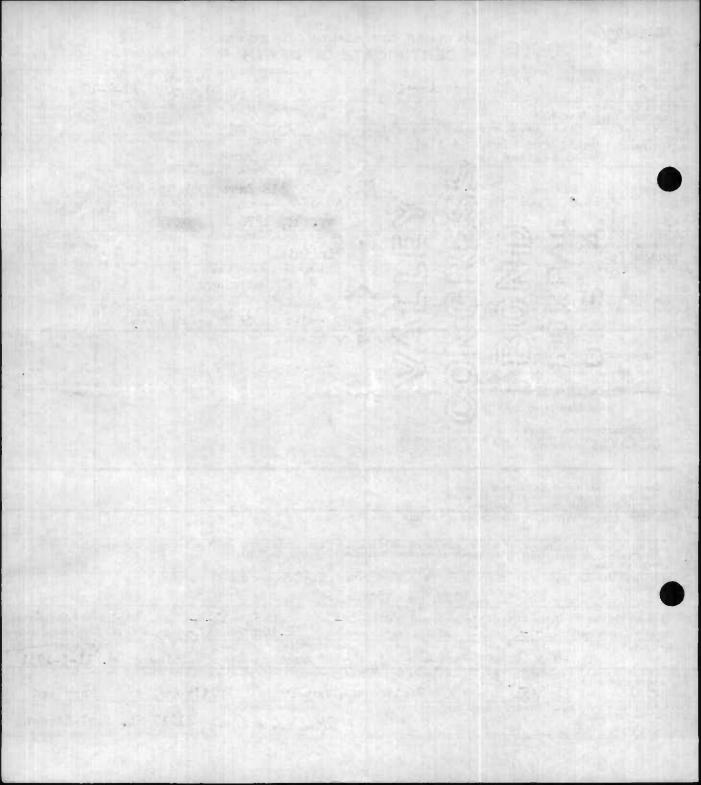
ADDRESS



## BALTIMORE CITY HEALTH DEPARTMENT

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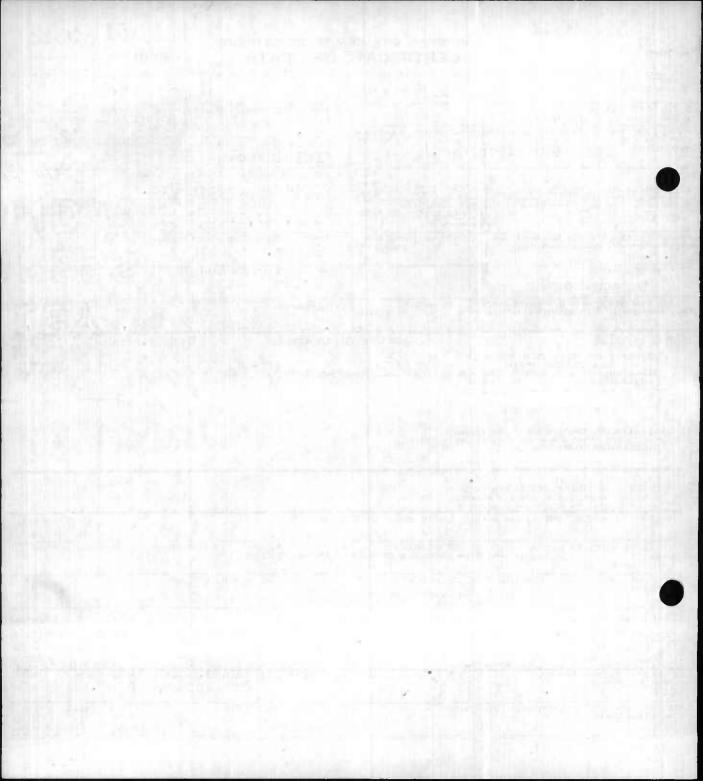
524 51 9541 BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.				
1. NAME OF DECEASED (Type or Print)	lorence Angel		ATE OF 11-4-1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where de	eceased lived. If institution : residence s. COUNTY before admission				
B. FULL NAME OF (If not in hospital HOSPITAL OR Baltimore Ci 4940 Eastern	or institution, give street address or ty Hospitals	Baltimore	corporate limits, write RURAL and glv township				
C. Hengen of Body in Darchilore	7mos. 7 Yrs. Mos. Days	o. STREET ADDRESS (If rural, g					
5. SEX 6. COLÔR OR RACE 7	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9. AC	SE (In years M Under I Year M Under 24 Hours thirthday) Months Days Hours Min.				
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c					
13. FATHER'S NAME George Wis	e	14. MOTHER'S MAIDEN NAME Sarah Lavenberg					
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates of	f service)   SECURITY NO.	17. INFORMANT timore Cit Records: 4900 Easter	y Hospitals				
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau  ANTECEDENT CAUSE:  DISEASES OR CONDITIONS, IF A UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST  OTHER SIGNIFICANT CONDITION	dying, e.g., (A) Arterion the disease, used death.) DUE TO  S  (B)	sclerotic H <sub>eart</sub> D <sub>isea</sub>	se Over lyr,				
TO THE DISEASE OR CONDITION O	OT RELATED	ATION	l 20. AUTOPSY?				
CAL	218. PLACE OF INJURY (e. g., in		YES NO Raltimore City, give exact location)				
S CHOSE OF BEATH	about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?					
INJURY (Month) (Day) (Year) (I	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
22. I hereby certify that I atter deceased alive on 1.1—4—, 23A. SIGNATURE	1951 and that death occur	7- , 19 51 to 11 4- red at 12.10h., from the cau 38. ADDRESS 4940 Eastern Ave., Bal	, 1951, that I last saw the sess and on the date stated above 23c. DATE SIGNED timore. Md. 11-5-1951				
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) burial 11/6/51		RY OR CREMATORY 24D. LOCATIO	ON (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S		25. FUNERAL DIRECTOR	ADDRESS 1217 St. Paul Street				



0	il s		DAL	CEDTIE!	CATE	OF DEAT	MENI	Registered No		
BII	RTH NO.			CERTIFIC	CATE	OF DEAT	Н	registered No		_
1. (Ts	NAME OF D	ECEASED Dolly	Alice	Grissin	ger			ATE NOV.	5/51	
Α.		City, Maryland				4. USUAL RESID	ENCE (Where de		stitution : residence before admission	n)
40	FULL NAME SPITAL OR STITUTION		dson A	on, give street ad	dress or ecation)	c. CITY OR TOWN Baltimo		corporate limits,	write RURAL and gitownship	
c.	Leigth of st	tay in Baltimore		8 yrs	Yrs. Mos. Days	D. STREET ADDRI 2344 Ed	ss (If rural, g	ve location)	6-05	
	emale	6.COLOR OR RACE	7. SINGLE WIDOW Marr	MARRIED. ED. DIVORCED		8. DATE OF BIRTH Aug. 27		E (In years     West birthday)   Mont	nder I Year If Under 24 Hours this Days Hours Min	3
ork	doneduring most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS	OR	Penna.	State or foreign c	ountry)   1.	2. CITIZEN OF WHAT COUNTRY	Y .
13.	Simps	son Bowman				Julia H			2 4	
15. Yes,	WAS DECEASE , no nr unknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT	rson B		oress rbisonia.	=
	(This does heart failur injury or DISEASES	CONCONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	H dying, e. g f dying, e. g ns the disease aused death. ES FANY, GIVIN STATING TH	(B)	arci	r DEATH	the Cer	enna.	INTERVAL BETWEE ONSET AND DEAT	)
	TRIBUTING	IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D						
2	19A. DATE O	F OPERATION 0	9B. MAJOR	FINDINGS OF	OPERA	TION			YES NO	
	LYING OF		about home, fa	CE OF INJURY arm, factory, street, off	ice bldg., etc	.) INJURY OCCU	R?		ve exact location)	
	INJURY	Month) (Day) (Year)			T WHILE	21F. HOW DID	INJURY OCCL	JR?		
-		y certify that I att ive on programme y		and that death	occurr			ses and on the	that I last saw the date stated above 23c. DATE SIGNED	e.
10	A. BURIAL, C N. REMOVAL (S NOV &.L	pecify	51	C. NAME OF C.	EMETER	Y OR CREMATORY	Orbison	ia, Penn	(State)	
	TE RECEIVED		S SIGNATU	RE	1	25. FUNERAL DIR	ECTOR	4	ADDRESS	

VS 150

48a Ave.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street a diress or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION more Yrs. D. STREET ADDRESS (If rural, give location) Mos. hgth of stay in Baltimore Days 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Givekiodof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work denoduring most of working life even if retired) INDUSTRY WHAT COUNTRY YOU 80 WIT O 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? You no or unknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unkoowo) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 30 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF

21A. ACCIDENT, SUICIDE, (Specify) HOMICIDE

21B. PLACE OF INJURY (e. g., io or about bome, farm, factory, street, office bldg., etc.)

DUE TO

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE ATT NOT WHILE!

WORK

22. I hereby certify that I attended the deceased from 11- 1-, 195/, to 1/ - 2 , 195/, that I last saw the deceased alive on 11-2, 19 51, and that death occurred at 10 4 m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS

23c. DATE SIGNED

20. AUTOPSY

24A. BURIAL, CREMA-

24C NAME OF CEMETERS

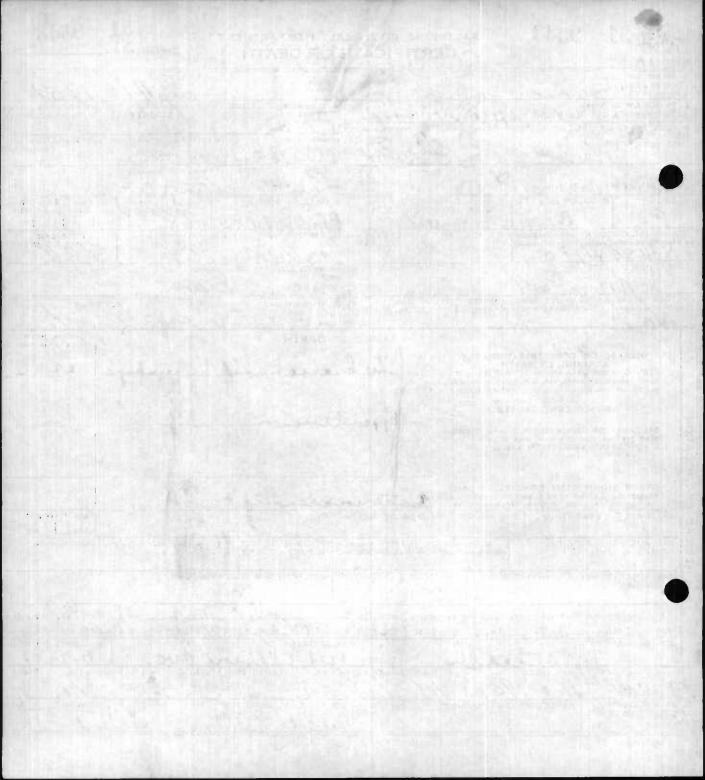
240. LOCATION (Otty, town, or county).

DATE RECEIVED BY LOCAL REGISTRAR

EDICAL

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

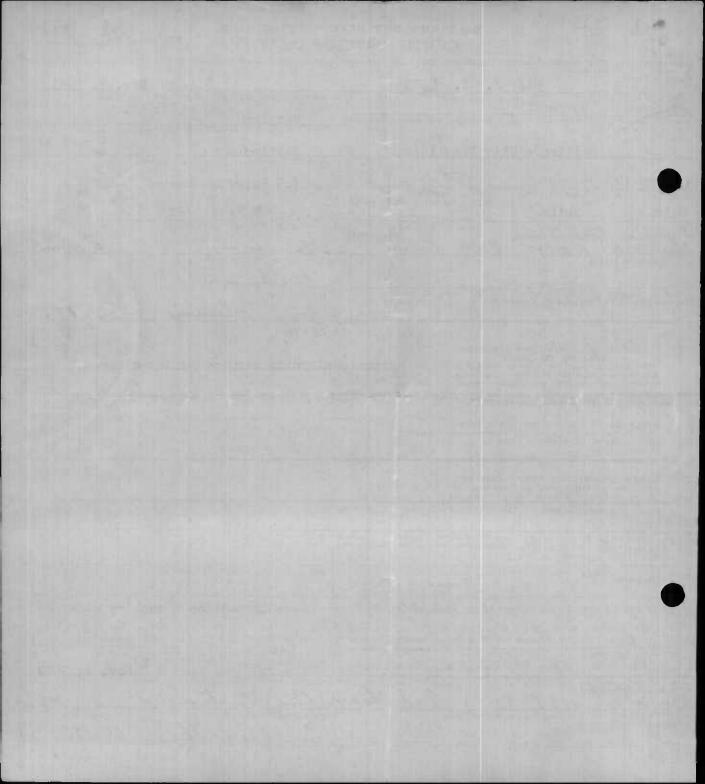


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9544 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)  MAX J. J. KLEMM	2. DATE OF DEATH Nov. 1. 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore City Hospitals	Baltimore township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	503 Fairview Avenue   8. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours
Male White Widowed (Specify)	Jan 13-1876 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	
Speet Melal Worker   Own Bus.	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
	John C. Klemm 500 North Rt Rd.
18. LATTI	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Division of the second
(This does not mean the mode of dying, e.g., (A)Arteri heart failure, asthenia, etc. It means the disease,	osclerotic cardiovascular disease
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
II .	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
1	YES NO Y
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, atreet, office bldg., c	n or   21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  OF WHILE AT  NOT WHILE AT WORK  AT WORK	ED 21F, HOW DID INJURY OCCUR?
	bove, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes	$\mathbf{x}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE & Durlachen M	238. CHIEF MEDICAL EXAMINER 28c. DATE SIGNED ASSISTANT MEDICAL EXAMINER NOW 1 1951
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY DR CREMATORY 24D. LOGATION (City, town, or county) (State)
Burial 1/15/51 Oak Lan	on Cen. Eastern ave. md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LUCAL REGISTRAR	John of Connelly Balto. 21
V S 151	1 (10)
	(3) md,

V S 151



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9545

Registered No.

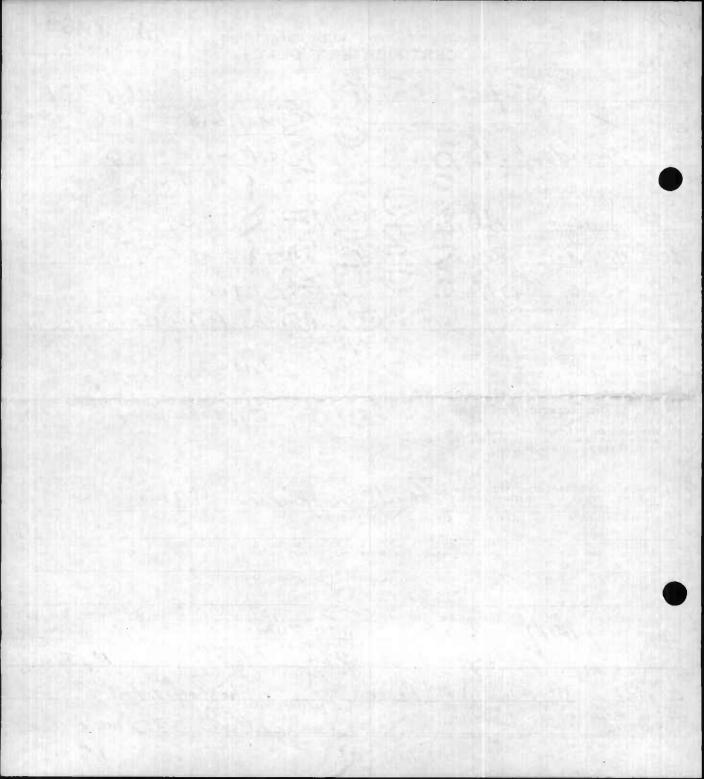
2. DATE

(1	ype or Print)	I	Anna Roc	le		OF 11-	5-1951	
	PLACE OF DI Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (W	DENTIL		
D	EILL MAME	OF (If not in hosnit	al or instituti	on, give street address or	Maryland			
H	OSPITAL OR	Baltimore Cit	tv Hospi	tals location)		utside corporate fim	its, write RURAL and give	
1	The	Baltimore Cit 940 Eastern	ve.	o Come E	Baltimore	26.	- 44 township)	
				Yrs.	D. STREET ADDRESS (If r	ural, give location)		
_		tay in Baltimore	Life	Days		en St. zone		
	SEX	6. COLOR OR RACE	Mar	, MARRIED, ED.DIVORCED (Specify) Tied	April 17- 1888	9. AGE (In years last birthday) M	If Under   Year   If Under 24 Hours   Min.	
1 C	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Mary land	eign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME		
	Gol	In Kuhn		(DEC	Ulank		(DEC	
15	. WAS DECEASE	D EVER IN U, S. ARMEI	FORCES?	16. SOCIAL	17. INFORMABELt imore	Can W	ADDRESS	
I	s, no or nathown)	(If yes, give war or date	e of service)	SECURITY NO.	Records: 4940 Es	toy hosp:	rtais	
-	10 1/			A.11.0=		istern Ave.	INTERVAL BETWEEN	
	/	0,0		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEAS	E OR CONDITION LEADING TO DEAT	DIRECTLY	Autonto	Hannet D		Over Syrs.	
(This does not mean the mode of dying, e.g.,						over Nars.		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
		ANTECEDENT CAUS	FS					
Z (B)						The SAN HELLING		
DISEASES OR CONDITIONS, IF ANY, GIVING						*****************************	***************************************	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
ز	ELECTION.			(C)	***************************************	**********************	***************************************	
_	11-11	11		THE STATE OF				
Ľ		IGNIFICANT CONDI						
ll Ll		TO THE DEATH, BUT						
	19A, DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
₹							YES NO I	
יביי	LYING OF	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i	etc.) INJURY OCCUR?	in Baltimore City,	give exact location)	
Ξ	CAUSE OF I		177					
٦	INJURY	Month) (Day) (Year)		IE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
			m. W	WORK NOT WHILE				
	22. I hereby	22. I hereby certify that I attended the deceased from 11-3-, 1951, to 11-5-, 1951that I last saw the						
		deceased alive on 11-5-, 1951, and that death occurred at 4.15An, from the causes and on the date stated above.						
	23A. SIGNAT		7		3B. ADDRESS	c cuases and on	23c. DATE SIGNED	
		Ches &	loge.	M. D.	4940 Eastern Ave.	.Baltimore.		
2	4A. BURIAL, C	REMA- 24B. DATE	1 2	4c. NAME OF CEMETE		CATION (City, town		
TI	ON REMOVAL (S)	pecify)	~1	A.6.	1 10	T. 1	7./	
D	ATE RECEIVED	BY   REGISTRAR	S SICNATU	var a	25. FUNERAL DIRECTOR	min ou	ADDRESS	
	CAL REGIST	RAP	Euro- IV. I. I.	cust, M. W.	1 A A	11	VDDKE99	
1	V 6 - 195	There there	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		John & tons	relly.	cases, kd	
	VS 150				1	70-	0 31	

400	9546
BIRTH NO.	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

В	IRTH NO.	OL.		_ OI DEATH		
	NAME OF DECEASED	Putus	G:11		2. DATE OF DEATH	5/5/
	PLACE OF DEATH: Baltimore City, Maryland	1		4. USUAL RESIDENCE A. STATE	(Where deceased lived.)	f institution : residence before admission)
H	OSPITAL OR	ospital or institution,	give street address or location)	c. CITY OR TOWN	If outside corporate lim	its, write RURAL and give
11	VISTITUTION FOUIDAN	+ 170spi	ital	-1) 11.	70 VO /3	- 1) township
c.	Angth of stay in Baltimor	'e	Yrs. Mos. Days	D. STREET ADDRESS ()	If rural, give location)	St.
5.	SEX 6. COLOR OR RA			8. DATE OF BIRTH		N Under 1 Year Under 24 Hours onths Days Hours Min.
	DA. USUAL OCCUPATION (Givek	mdof 108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or	foreign country	12. CITIZEN OF
2	teel Unloader	Bethlehe	em Steel	· Chesterf	ield S.C.	WHAT COUNTRY
13	3. FATHER'S NAME	C	steel mice	14. MOTHER'S MAIDEN	NAME '	
15	5. WAS DECEASED EVER IN U. S. A.  10. po or unknown) (If yee, give war u	MED FORCES?   16	. SOCIAL	17. INFORMANT	11	ADDRESS
(10	(17 Jee, give war ui		19-12-4342	Lumisha 1	5,11-1927 N	Payson St.
	18. 446 X		CAUSE	OF DEATH		DISET AND DEATH
	LEADING TO I		Tres	ral Disea	52	
	(This does not mean the me heart failure, asthenia, etc. It injury or complication whi	means the disease,	DUE TD	//		
	ANTECEDENT C	AUSES	Ess	ential Han	12 to 2001	MATERIAL PROPERTY
ON N	DISEASES OR CONDITION	IS, IF ANY, GIVING	(B)	- n ug/ 13/p	0110010109	
LAT	UNDERLYING CONDITION	(A) STATING THE	DUE TD			
FI	11		_(C)			
CERT	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI	BUT NOT RELATED	Renal la	esuphciancy-	Urraia	
AL	19A. DATE OF OPERATION		NDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		OF INJURY (e. g., in factory, street, office bldg., e		(If in Baltimore City,	
M	21D. TIME (Month) (Day) ()				By OCCUP?	
	INJURY (Month) (Day) (1	m. WHILE			RT OCCUR!	
	22. I hereby certify that ]	attended the dec	eased from Nov	1. 2 , 1957, to	YOU. 5 , 196	, that I last saw the
	deceased alive on.	18 1, 19 5 , and	that death occur	red at 4:33 Am., from	the causes and on	the date stated above
	S.	Manfrel		722 N. Aullo	y the	11/5/51
	4A. BURIAL, CREMA 24B. DA	/ / /	NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	n, or county (State)
D	ATE RECEIVED BY REGISTE	AR'S SIGNATURE	t. Hope	25. FUNERAL DIRECTOR	sterfield,	D.C. ADDRESS
T	VOV 6-1951 Tank	sper lille		Charles K. a	Jan - 802)	nad are.
	VS 150	(is :: 5	970.74	. 9 5 0 4		13313
		8.44	1 on			12212



51 9547 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 4. USUAL RESIDENCE (Where decease lived, If institution; residence about the before admission and the state of the state o 3. PLACE OF DEATH: HOSPITASTATE A. Baltimore City, Maryland before admission) (If not in hospital or metitudion, give street address or location) (If outsid Corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION 55 (If rued, give location) c. Length of stay in Baltimore Days AGE (In years | Il Under | Year | If Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH 8. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done daying most of working life even if retired) 108, KIND OF BUSINESS OR or foreign country 12. CITIZEN OF ANDUSTRY WHAT SOUNTE 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY l disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR LYING OR CONTRIBUTING shout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 10 . 19-1, that I last saw the and that death occurred at 235 deceased alive on L 191/ m., from the dauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BUBIAL. CREMA-24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) AL (Specify DATE RECEIVED BY

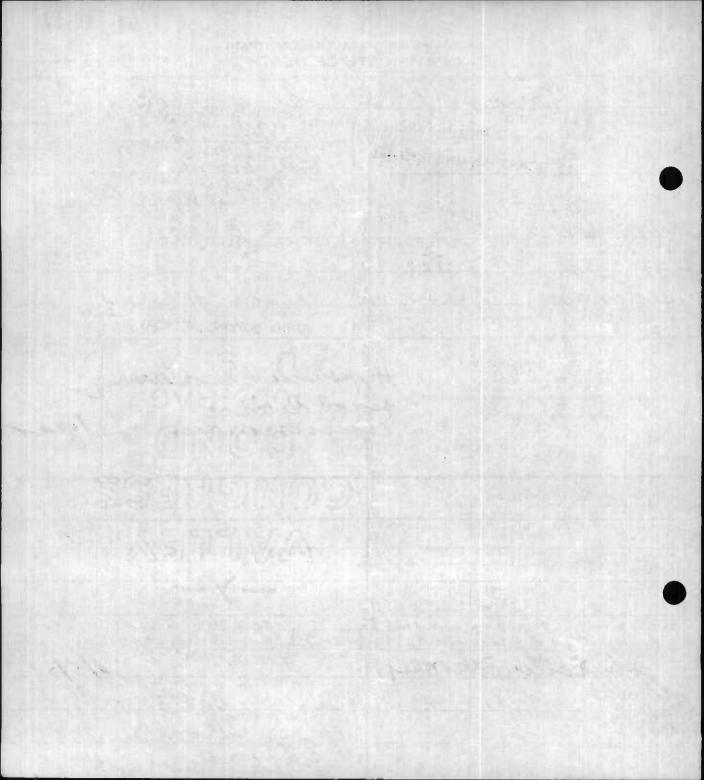
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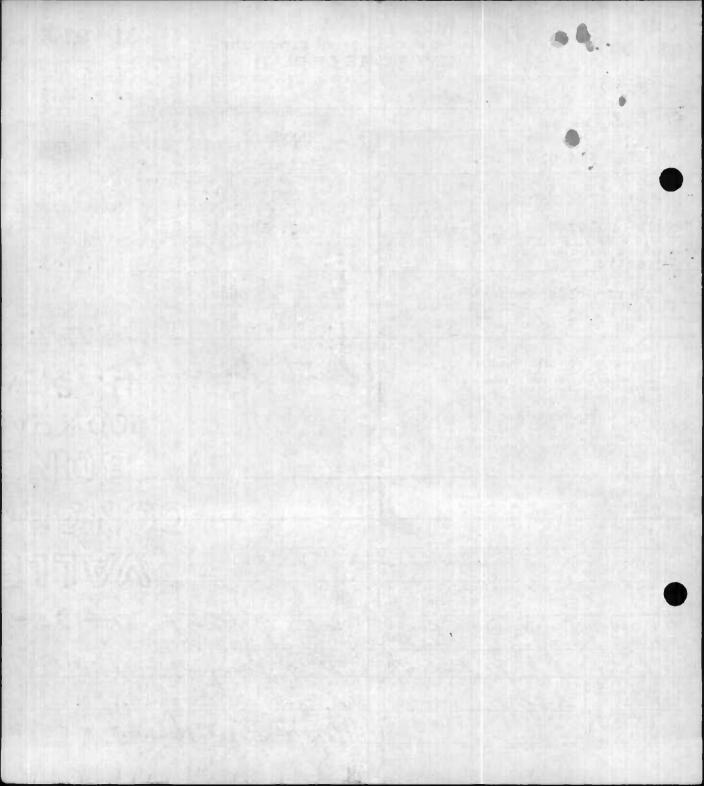
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CERTIFICATI	Registered No.
BIRTH NO.	L OI DEATH
1. NAME OF DECEASED (Type or Print) Anna M. Stewart	2. DATE OF NOV. 4, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 524 Bloom St.	Haryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)  524 Bloom St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9. AGE (In years it Under I Year Months: Days Hours Min.  11 Ay 21, 1886
10A. USUAL OCCUPATION (Givekind of ork dooe during most of working life, eveo if retired)  Dome stic	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Goldsborough	Katie Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 524 Mr. John H. Goldsborough Bloom St.
LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Jaces
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	a or 21c. WHERE DID (If in Baltimore City, give exact location) injury occur?
TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT NOT WALLE OF NOT WAL	21F, HOW DID INJURY OCCUR?
	1956, to Me, 4, 191, that I last saw the
deceased glive on 19 , and that death occur  23A. SIGNAPURE 23A. SIGNAPURE 2 M. D.	m., from the eauses and on the late stated above.  3B. ADDRESS  231. DATE SIGNED
24A. BERIAL, CREMA- TION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME OF CEMETE	em. Park Baltimore Co., Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	MM . Trances O. Hoursley 18 W. Biddle S

VS 150

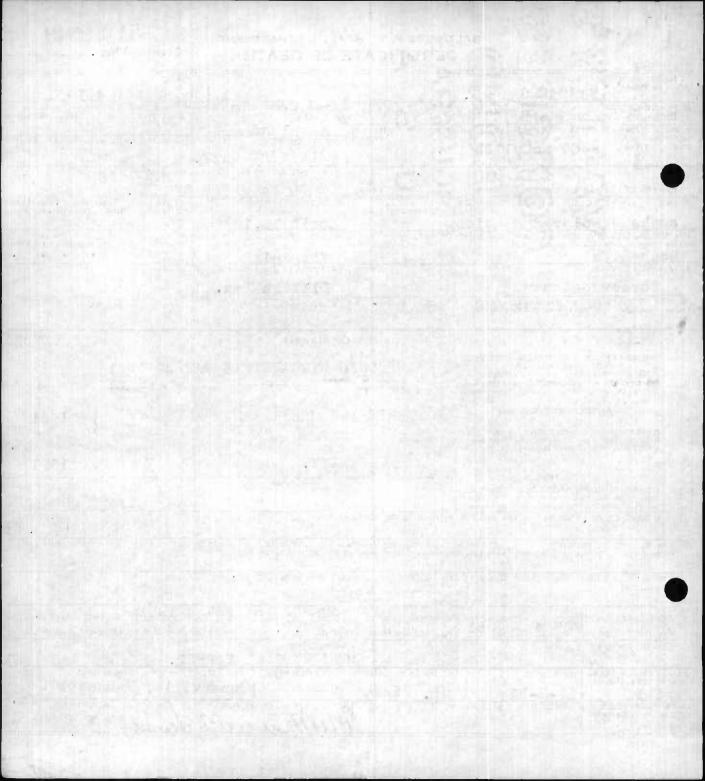


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### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICATI	E OF DEAT	Н	Registered 1		
1. NAME OF I					2.	DATE		
(Type or Print)	MINNIE GE	RIGGS.		0.4		OF NOV	4 1951	
A. Baltimore	City, Maryland B.		RE CHIEVE	STATE	ENCE (Where	deceased lived. If B. COUNTY	institution : residence before admission	
B. FULL NAME	OF (If not in hospit	tal or instituti	ion, give street address or location)	Maryland				
INSTITUTION	2360 McCu	lloh S	it.	C. CITY OR TOWN		de corporate limit	ts, write RURAL and given township	
nero				BALTIMORE		13	-0.5	
			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
	stay in Baltimore		Days	2360 McCULLOH STREET.				
5. SEX	6. COLOR OR RACE		E, MARRIED. PED, DIVORCED (Specify)	B. DATE OF BIRTH		AGE (In years   Mo	onths Days Hours Mir	
Frmale	Colored	Wido		April 18.	1886	65		
10A. USUAL Of rork done during most	CCUPATION (Give kind of t of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF	
Housew	ife	Later Pilot		Virginia	3.		U. S. A	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME				
, Dors	ey Spinney			Lillian	Fox.			
15. WAS DECEAS	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		A	DDRESS	
(1 or, no or unandyn	(If yes, give war or date	es of service)	SECURITY NO.					
18. 14	4		CALICE	OF BEATH			INTERVAL BETWEE	
17	2.4		CAUSE	OF DEATH			ONSET AND DEAT	
	SE OR CONDITION LEADING TO DEA	TH	CHRONT	C MYOCARDI	TOTE MAY	7 30 105	1	
(This doe heart fail	es not mean the mode dure, asthenia, etc. It mes	of dying, e. g ans the diseas	( A )		LILU MA.	- 00 180	4	
injury of	r complication which	caused death	.) DUE TO					
	ANTECEDENT CAU	SES	T ਪਾਸ਼ਾਸਾ ਕੇ A	OR SCLEROS	CTC		3.053	
Z DISTAGE	SE OR CONDITIONS		(B)	ON BULLING	OTD	*****	1951	
RISE TO	THE ABOVE CAUSE (A)	STATING TH						
O UNDERL	YING CONDITION L	AST.	CTINT	T TMSZ				
			(c) DTNT	LITY.			1951	
OTHER	SIGNIFICANT COND	ITIONS CON	V-					
	IG TO THE DEATH, BUT							
			FINDINGS OF OPER				20. AUTOPSY?	
A NO	NE 0		NONE	De le serval			YES NO	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?								
5	(Month) (Day) (Year	(IIana) I (	21E. INJURY OCCURRI	ED 21F. HOW DID	LINIUDY OC	CUBS		
INJURY	(Month) (Day) (Year,		WHILE AT NOT WHILE	ZIF. HOW DIL	INJURY OC	LUKT		
		m.	WORK AT WORK					
22. I herei	by certify that I att	tended the	deceased from MAY		1 to NOV	195 <u>1</u> 19	_, that I last saw th	
deceased o	live on NOV 4	19 51	and that death occur	red at 7.P. m.			he date stated abov	
23 A. SIGNA	TURE / / /n	1/2.	//	38. ADDRESS			23c. DATE SIGNE	
1 Cil	es. V. Cle	elle		013 ST PAU			NOV 5 195	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State								
Burial 11-8-51 Mt. Pisgah Cem Upperville, Fauquier Co.								
DATE RECEIVE		SSIGNATU		25. FUNERAL DIR		1	ADDRESS VO.	
V D -	The til stor	1446.000	4 1 2	VIII Fran	ser a	Heuchles	78 W. Biddle S	
And the second name of the second								

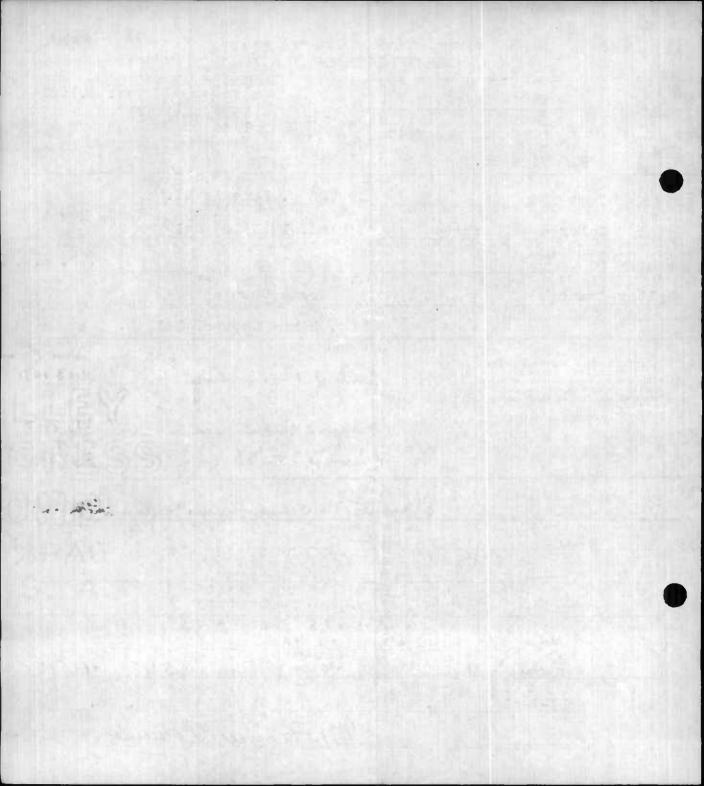


### BALTIMORE CITY HEALTH DEPARTMENT

51 9550

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BIRTH NO.			CERTIFICAT	E OF DEATH	Registered No			
1. NAME OF I (Type or Print)					2. DATE	3,1951		
		rs Dela	aware		DEATH			
A. Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institut A. STATE Marviand B. COUNTY	stitution: residence before admission)			
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	r				
INSTITUTION	820 Vine	St.	iocation)	C. CITTON TOWN (IT odtside corporate mints, write RORAE and		write RURAL and give township)		
	050 12.10		Yrs.	D. STREET ADDRESS (If r	ural give location)			
c Length of	stay in Baltimore		Mos.	706 W. Lanvale St.				
5. SEX	6. COLOR OR RACE	7. SINGLE	Days MARRIED.	8. DATE OF BIRTH 9. AGE (In years) It Under I Year   If Under 24 Hours				
Female	Colored	Marr	ED, DIVORCED (Specify)	Sept. 17,1910	last birthday) Mont	hs Days Hours Min.		
10A. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or for		2. CITIZEN OF		
Housev	of working life, even if retired)		INDUSTRY	Maryland		U. S. A.		
13. FATHER'S		<u> </u>	TUI - LELLIN	14. MOTHER'S MAIDEN NAME				
Walter	Evans			Rosie Cornish				
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT ADDRESS				
1 es, no or unknown	(11 yes, give war or dute	s of service)	SECURITY NO.	Ir. Harry Coope	r 1113 W.	L nvale St		
18. 33	1x and	411	Y CAUSE	OF DEATH		INTERVAL BETWEEN		
	SE OR CONDITION	DIRECTLY				ONSE! AND DEATH		
(This doe	LEADING TO DEA'	f dying, e. g	., (A) Cen	elad Hermany	-14	Nes 3 1951		
injury or	ure, asthenia, etc. It mea complication which c	aused death	DUE TO		0			
	ANTECEDENT CAUS	ES	4					
DISEASE	S OR CONDITIONS, II	- 1117 - 011/11	(в)	in the transmission	<b></b>	3 5 1450		
RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO		CONTRACTOR SERVICE			
S	TING CONDITION EX	31.	(C)	molized Artem Acleson	u ·	\$5150		
	11			V				
OTHER	SIGNIFICANT CONDI	TIONS CON	: 000 i	ام د ما اد		2101-		
TO THE	DISEASE OR CONDITION	CAUSING IT		J. Han Marine, Ch.	ma lichtunia	20150		
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION	1 0	20. AUTOPSY7		
21A. ACCII	DENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i	in or   21c. WHERE DID (II	f in Baltimore City, giv	YES NO See exact location)		
	R CONTRIBUTING	about home, f	arm, factory, etreet, office bldg.,	etc.) INJURY OCCUR?				
D. TIME	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
INJURY			WORK NOT WHILE					
22 7 1 200	1	m.	A	1950 to N	1-13 1050	47 4. 7. 7 4.7.		
deceased of	by certify that I att			rred at 7 A m., from th				
23A. SIGNA		., 134,		238. ADDRESS	te causes and on the	23c. DATE SIGNED		
	Karpl	. t.a	M. D.	1429 & Mm	to turns	111551		
24A. BURIAL, TION, REMOVAL (	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	r county) (State)		
Burial	11-7-5	51	Mt. Auburn		Itimore , M			
DATE RECEIVI	TRAR	n. 11/11	RE	25. FUNERAL DIRECTOR		ADDRESS		
10 9 - 195	A A AREL 15	W/All	William Town	Mr. trauces	U. Heusly	a W. Biddle S		
VS 150	**	Agent o		1 1 1 1 1 1 1		2 0		



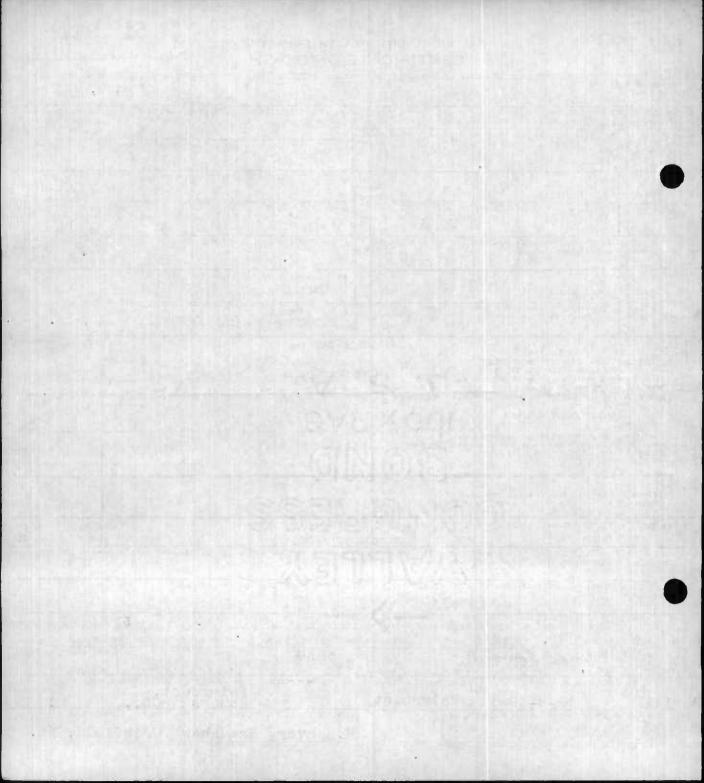
_	460										
ВІ	51 RTH NO.	95	51	BA			E OF DEATH	51 Registered N	9551		
	NAME OF D			n Wint	Cield Mil	lan		2. DATE OF	4 3053		
3.	PLACE OF D Baltimore (	EATH:		T AN TITT	. TOTA MIT	1101	4. USUAL RESIDENCE (V	Vhere deceased lived. If i			
B.	FULL NAME OSPITAL OR			al or institu	tion, give street ad	dress or	Md.				
	STITUTION	3315	Gwynns	Fall	ls Parkwa		Baltimore	1 1 2 1	, write RURAL and give township)		
7				197		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
	Length of s		Baltimore OR OR RACE	7 511101	E, MARRIED,	Days	3315 Gwynns Falls Parkway  8. DATE OF BIRTH  9. AGE (In years   11 Under 1 Year   11 Under 24 Hours				
	ale	Whi		WIDO	wed, Divorced ried	(Specify)	June, 11, 1885	last birthday) Mor	Under 1 Year II Under 24 Hours hths Days Hours Min.		
10 rorl	A. USUAL OC	CUPAT	ON (Give kind of life, even if retired)	Tange	of Business indorf ind Bakerie	OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	TIPEG B	BAKET	y Mgr.	nited	Băkerie	es, In	1C. Md.	AME			
			ler, Sr	,		MIN	ary Clagett				
15	. WAS DECEASE	ED EVER	IN U. S. ARMED	FORCES?	16: SOCIAL		17. INFORMANT	AE	DRESS		
(16	a, no or ookoown,	(11 36	, giva war or date	of service)	556-10-4	340	Mrs.Alice H.M	Miller 3315	Gwynns		
	18. 44	3 X			CA	USE	OF DEATH	rall	ONSET AND DEATH		
	DISEA	SE OR	CONDITION	TH		- /	1. 1 1/4.		3 100		
	heart failt	ure, asthe	en the mode of enia, etc. It mea eation which	ns the disea	se,	, o	( Re current.	)	a ary,		
			EDENT CAUS		,		11 t	11 -			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							10 years			
AT	RISE TO T	THE ABO	VE CAUSE (A) ONDITION LA	STATING T			Wiscan	c,			
					(C)	-	below Heman	by	6 years		
RT			II CANT CONDI					0			
CE	TO THE E	DISEASE	E DEATH, BUT	CAUSING	IT						
AL	19A. DATE C	OPER	RATION	9B. MAJOR	R FINDINGS OF	OPER	ATION		YES NO D		
EDICA	21A. ACCIDE HOMICIDE	ENT, SU (Spec			ACE OF INJURY			If in Baltimore City, g	ive exact location)		
Σ			(Day) (Year)	(Hour)	21E. INJURY O	CCURRI	ED 21F, HOW DID INJURY	Y OCCUR?			
	FINJURY			m.		OT WHILE					
	22. I hereb	y certi	fy that I att	ended the	deceased from	n for	, 19 <b>38</b> , to	hor. 4 , 1957	, that I last saw the		
H			nor. 3	, 19_51,	and that deat		red at 1.30 A.m., from t	he causes and on th			
i	23A. SIGNA	L.	Chaml	uns		4. D.	4108 fiberty	H5. a.	23c. DATE SIGNED		
24	4A. BURIAL, ON, REMOVAL (S	CREMA-	24B, DATE	1	24c. NAME of C		RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)		
r	emation	-11211	11-7-51		Loudon	Park		ltimore.	Md.		
	ATE RECEIVE		REGISTRAR'	SSIGNAT	URE		25. FUNERAL DIRECTOR	7007 111 2	ADDRESS		
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	V3 150				2	90	44		43)		
									· Care		

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9552 Registered No.

BI	RTH NO.									
	NAME OF DEC	ISAIAH H	NRY FR	MENCH		2. DATE OF DEATI	NOA	. 5, 1951		
B. HC	STITUTION	y, Maryland	tel	tion, give street address of location	a. STATE Man	yland B. C	ounty omense	hefore admission) write RURAL and give township		
5			133	lays Yrs. Mos.		D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore  Days  S. SEX  6. COLOR OR RACE WIDOWED, DIVORCED (Specify)  Married					8. DATE OF BIRTH	last bir	In years    Mon	Under I Year If Under 24 Hours nths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Seaman  Seafarer					Md.	12. CITIZEN OF WHAT COUNTRY				
	Samue 1	French				14. MOTHER'S MAIDEN NAME Mary Blake				
15 (Yes	. WAS DECEASED ( , no or unknown)	EVER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US PHS HOSPITAL, BALTO, Md.					
ERTIFICATION	(This does no heart failure, injury or col  AN  DISEASES ORISE TO THE UNDERLYIN  OTHER SIGI	OR CONDITION EADING TO DEA to mean the mode asthenia, etc. It mes mplication which TECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION L/	TH  of dying, e.  ans the disea  caused deat  SES  F ANY, GIVI  STATING TAST.  ITIONS CO  NOT RELAT	g., (A) Aden se, h.) DUE TO  (B)	ocarcinoma of	° prostate		At least 2 yrs.		
EDICAL C	19a. DATE OF 6	/51	19в. МАЈО Pr	R FINDINGS OF OPE Costatic carcin	noma, primary			YES NO X		
MEDIC	LYING OR COCAUSE OF DE  O. TIME (Modinjury)  22. I hereby of deceased alime	ertify that I at	about home (Hour) m.	and that death occu	net 21f. How DIE	INJURY OCCUR?	, 19 <u>5</u> ]	that I last saw the date stated above		
24	Jack Hovi	RE Jack Sur SA Sur MA- 248. DATE	geon (F		US PHS HOSPI			11/6/51		
Bu	n. REMOVAL (Spec rial ATE RECEIVED E	11-8-1		Fairmount	25. FUNERAL DIR	Fairmoun Somerset	t.	ADDRESS		
	OV6 - 1				H.Harveyy		Crisi	field, Md.		
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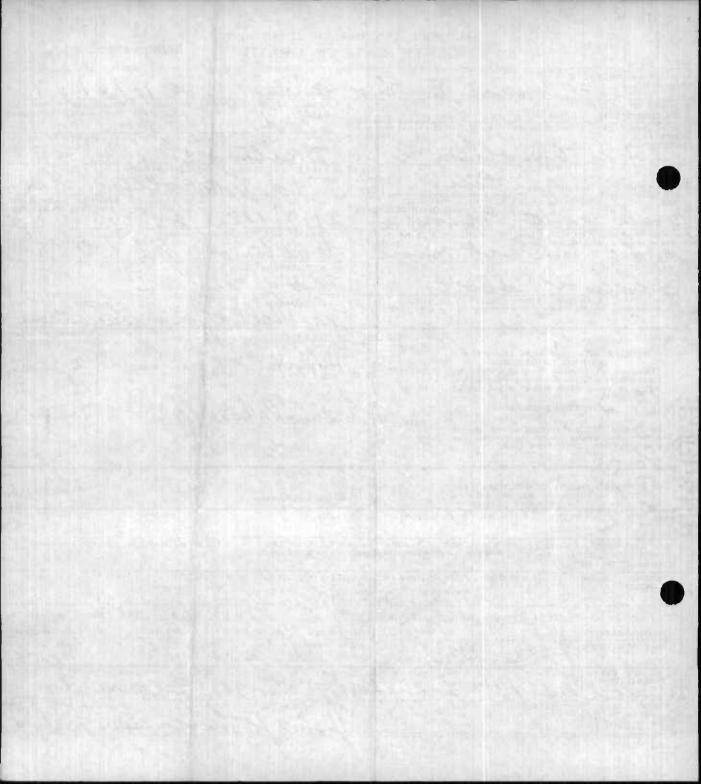
### BALTIMORE CITY HEALTH DEPARTMENT

51 9553

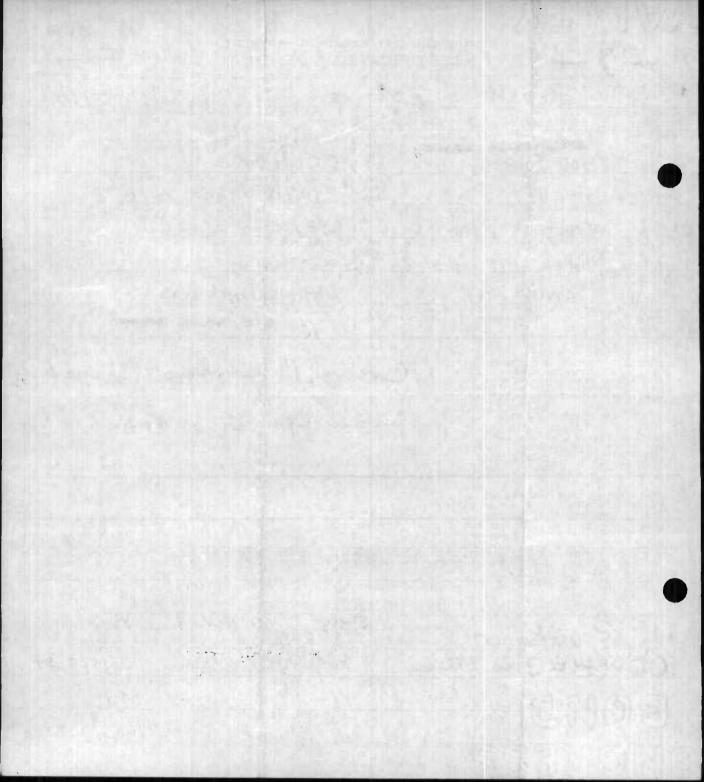
Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B FULL NAME OF location) HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS Alf rural, give location Yrs. Mos. c. Langth of stay in Baltimore Days 9. AGE (in years | Months | Vear | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) married CF (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF W S ANTRY work doneduring most of working life, even if etired) INDUSTRY Jouse work 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH a Lew day (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA (If in Haltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK AT WORK 195 that I last saw the 22. I hereby certify that, I attended the deceased from. fa.m., from the causes and on the date stated above. deceased alive on /// 5 195 1. and that death occurred at. 23c. DATE SIGNED 23B. ADDRESS 23A, SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

5 - 101



BIRTH NO.						
Type or Print) Robert H. Hende	erson 2. Date OF DEATH NOV 31951					
a Baltimore City, Maryland 5907 Buggess Aug Ball	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location)						
HOME" 5907 BURGES AVE	BALTIMORE 27-44 township)					
Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore	5907 BURGESS AYE					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) NIARRIED	8. DATE OF BIRTH  9. AGE (In years If Under 1 Year In Under 1					
OA. USUAL OCCUPATION (Give kind of 10 B. KIND OF BUSINESS OR prk done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
TOOL MIAKER GLENN L. MARTIN	ScotLANd U.S.A					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Hugh HENUERSON	MARY HARKNESS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
INKNOWN	James Governa					
18. 204.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dial Housenlesson [2] Bus do. G.					
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)	wat here age ( ) out age					
ANTECEDENT CAUSES	I would be lake it					
DISEASES OR CONDITIONS, IF ANY, GIVING	wie Lymphatic Leukemia FOUR YEAR					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO L					
21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH						
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE						
m.   work   AT WORK	that I last saw the					
22. I hereby certify that I attended the deceased from deceased alive on Ct. 26, 1957, and that death occu	, 132, that I tast saw the					
	238. ADDRESS .   23c. DATE SIGNED					
Stabert C. Starlieum. o.	JOHNS HOPKINS HOSPITAL 11/3/54					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 11-6-51 Tarkwo						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
OV 6 - 1951 12 JON // (CALL A)	of fluck : 0000 Naforded					
vs 150 \$ 592 3	T 74a					



51	NO	9	5	5	5

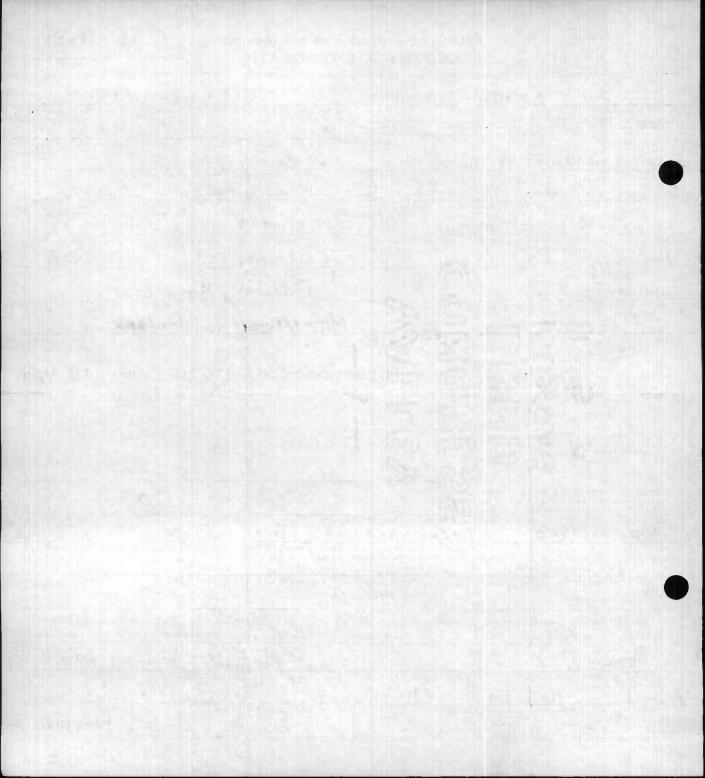
VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9555 Registered No.

55E

BIRTH NO.	2 OF BEATH
1. NAME OF DECEASED (Type or Print) Doris Loretta Dodson	2. DATE OF DEATH 11/4/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where dcceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Hospital for Women of Maryland.	Daltimore Jone = 13
28 Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year II Under 24 Hours
F W Married (Specify)	Oct 17,1923 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of or or done during most of working life, even if retired)  Housewife	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  4.5.4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William B. Jones	Godwin, Mary G.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MR. ATWELL C. POCKER, JR. LAKE
18. 200.1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	PHOSARCOMATOSIS 18 Mo's.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CON-	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- W TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
VIAY 12, 1950 NAMPHO SACCO	MANO ES   YES   NO X
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
	44 1, 1950, to Nov. 4, 1951, that I last saw the
	red at <b>9:30</b> f.m., from the causes and on the date stated above.
23A. STENATURE N. McCork	014 St. Paul St. 30ne-2 NOV. 4, 51
24A. BUBAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 11-7-51 Parku	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR S305 Nartord to



2	20						8			
	51 9556 RTH NO.				EALTH DEPART		Regist	51 ered No	9556	
	NAME OF OECEASE	sward	E. L.	Swig			2. OATE - OF OEATH	Nov. 4	1951	
Α.	PLACE OF DEATH: Baltimore City, M				4. USUAL RESID	DENCE (Wh	ere deceased I		tion : resident before admis	
HC	SPITAL OR SISTITUTION	f pot in hospital or	institution, give	e street address or location)	c. CITY OR TOWN		utside corpora	te limits, writ	e RURAL and town	d giv
C.	Length of stay in 1			Yrs. Mos. Days	D. STREET ADDR	RESS (lf ru	RES T	Ave	5300	
5.	SEX 6.COL		SINGLE, MAR WIDOWED, DIV	RIED. PORCED (Specify)	Dec. 9	1891	9. AGE (In y last birthd	ears   Months   I	Year H Under 24 Days Hours	Min.
	A. USUAL OCCUPATION done during most of worklog!		2 A J	INDUSTRY	11. BIRTHPLACE	(State or for	eign country)		VHAT COUN	
13	Theodore	Ludw		claem(m)	Caroline	11.	s bel		и. э.и.	
	. WAS DECEASED EVER s, no or nnkoown) (If yes	IN U, S. ARMED FOR give war or dates of se		OCIAL ECURITY NO.	MRS . Year	-  L.	Ludwi	AOORE	Nilcre	257
		nia, etc. It means th	ing, e.g., ne disease,	and could be	Posteries	Myse	ndist.	110	NTERVAL BETY NSET AND D	WEE
IFICATION	DISEASES OR CO	E CAUSE (A) STA		(B) Artenis with Shack	nlevski Ca failure	an	scular I l'appa	Disease		
ERTI	OTHER SIGNIFIC									

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

NO P YES (If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIOE (Specify)

Ü

MEDICAL

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20. AUTOPSY?

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

23c. OATE SIGNED

ID. TIME (Month) (Day) (Year) (Hour)

WORK -

21c. WHERE DID

1951, that I last saw the . 195/, to\_ 22. I hereby certify that I attended the deceased from\_ 1951 and that death occurred at 2:55 a.m., from the causes and on the date stated above. deceased alive on 1 ....

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

5305

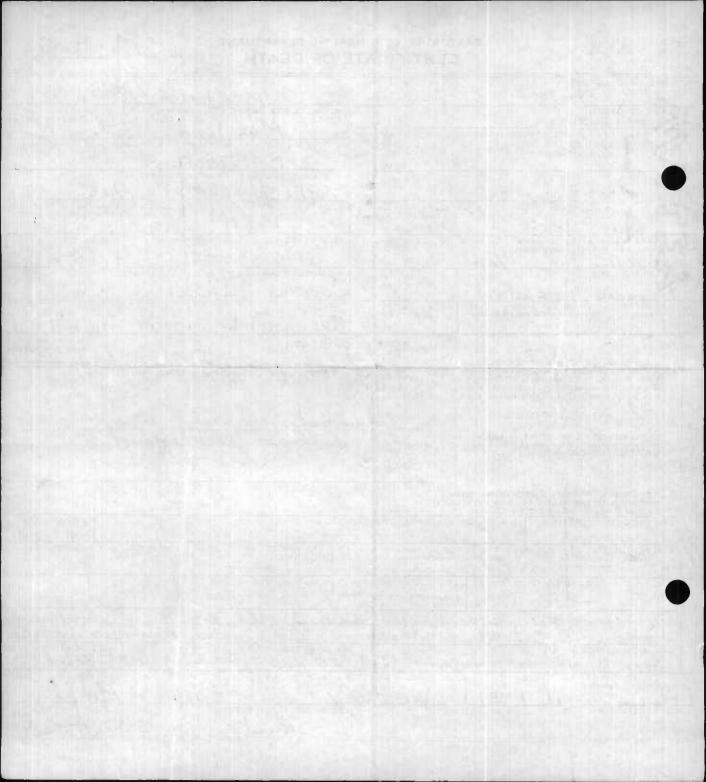
Buria OATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

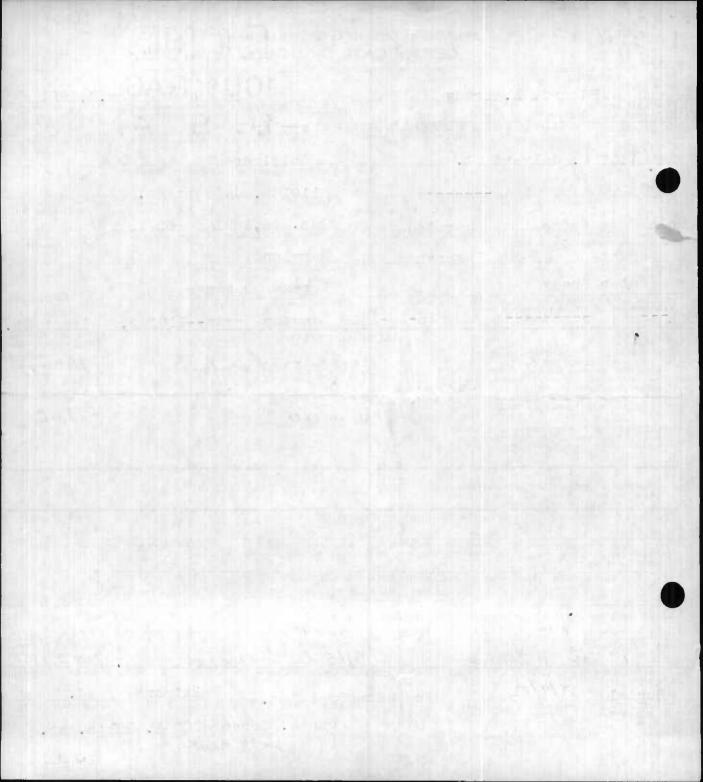


51 9557

01 300%		ALIH DEPARTMENT	
BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.	)
I. NAME OF DECEASED (Type or Print)		2. DATE.	
Edward L. Br	ady	OF DEATH NOV	3.1951
B. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution: residence before admission)
3. FULL NAME OF (If not in hospital or insti HOSPITAL OR NSTITUTION	tution, give street address or location)	Maryland c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
1101 N. Calvert S	t	Baltimore //- 0	township
gth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	Days Days	8. DATE OF BIRTH 9. AGE (In years) #1	nder i Year   If Under 24 Hours
WIDO	OWED, DIVORCED (Specify)	last birthday) Mon	ths Days Hours Min.
	Married ND OF BUSINESS OR	Jan. 14, 1891 60	2. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY		WHAT COUNTRY
Agent I	nsurance	Maryland 14. MOTHER'S MAIDEN NAME	
Peter Brady			
15. WAS DECEASED EVER IN U. S. ARMED FORCES	1 10 000(1)	Teresa Danaher	
(If yes, give war or dates of service)	16. SOCIAL		DRESS
	1 218-50-186	9 Dorothy Brady1101 N.	Calvert St.
18. 464 X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y 0 a	conin of 1	1124 1159
(This does not mean the mode of dying,	e. g., (A)	10 nary thrombosis	7/1/17AM
heart failure, asthenia, etc. It means the dis- injury or complication which caused de-	ease,	A	
ANTECEDENT CAUSES			16
		ebitis	195 D
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING			
UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL			
TO THE DISEASE OR CONDITION CAUSING			
19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION	20. AUTOPSY?
214 ACCIDENT WAS LINDED 218.6	PLACE OF INJURY (e. g., in	or   21c. WHERE DID (If in Baltimore City, gi	YES NO Ve exact location
	ne, farm, factory, street, office bldg.,		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
m.	WHILE AT NOT WHILE		
		1950 19 /to Nur 1951	that I last saw the
deceased alive on Nor 1951	and that death occur	red at $45\%$ m., from the causes and on the	date stated above
23A. SIGNATURE		38. ADDRESS	23c. DATE SIGNED
Harold HBurns	M. D.	115 C. Cager &	NOV 5, 1951
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, o	r county) (State)
Burial 11/7/51	New Cathe	Baltimore	Md.
DATE RECEIVED BY   REGISTRAR'S SIGNA	TURE	A Marian Control of the Control of t	ADDRESS
LOCAL REGISTEAR	Milanus, M	John A. Moran 3000 E. Bal	to 8+
V0.150		P. Helen	W. St.

45073 101 NG Tews

94a



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CONCETTINA LAMARTINA 11-5- 51 DEATH 3. PLACE OF DEATH: 4, USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RDRAL and give INSTITUTION St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2020 Ashland Avenue - 5 Vrs Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours! Min. Female 8-21-96 55 yrs. Widowed 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housework Own home, Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH ALMIO NOT KNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO BENITO LA MARTINA 802045HLAND AVE NONE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute pulmonary edema. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive cardio-vascular disease FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from // -, 1951, to 11 - 5 , 1951, that I lust saw the deceased alive on 11 - 5 . 1951, and that death occurred at 4 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 11-5-51 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REDEEMER

EMER BALTINIONE
25. FUNERAL DIRECTOR

FRANK CVACH "SON GOON, CHESTER ST

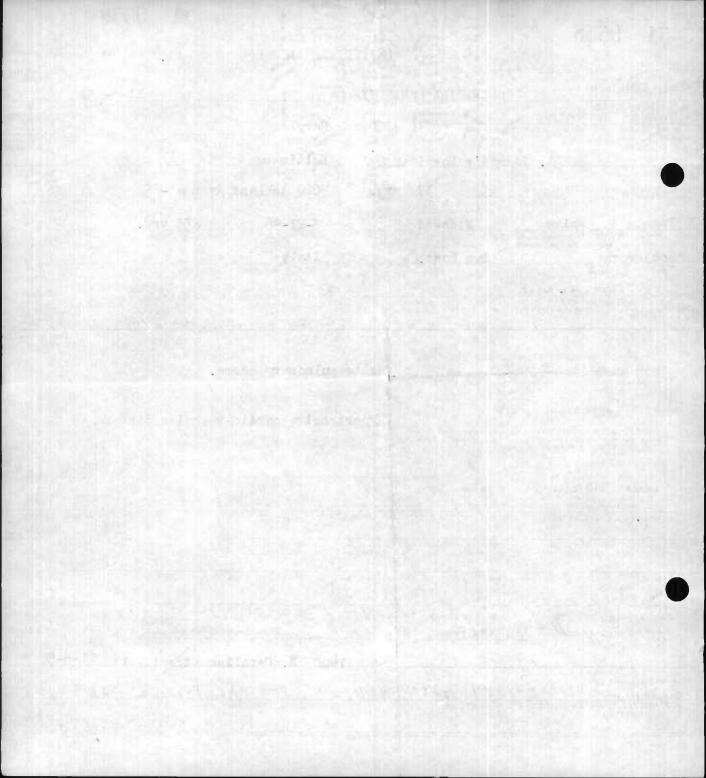
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BURIAL

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



K-65-5 51 3559

## BALTIMORE CITY HEALTH DEPARTMENT

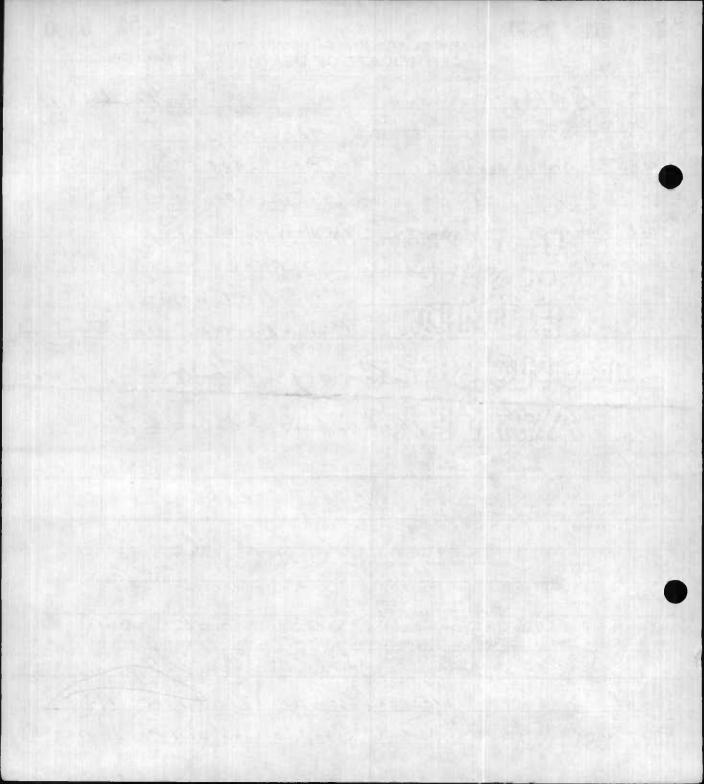
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print)	fly OF /W 5/5/
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland 7 13 2 programmed lo	A. STATE before admissio
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR, location	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi
uninistend lusang Itima	130 CE MJ
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	13-03
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	
WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years   Il Under 1 Year   In Under 14 House   Il Under 1 Year   In Under 14 House   In Under 14 Ho
Male While	april 8/18/10 81 10 28
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work done during treat of working life, even if retired)	11/BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Cetized atty at raw	Balto-Ms
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Meyer Kronheimer	Klars Eich bera
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
	My Moses bother . Ap15
18. 2 2 / V Chul _/ CAUSE	OF DEATH
1 1 1 60 X	ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	with an all the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	eccenterio come 10 hr
injury or complication which caused death.) DUE TO	nunchage.
ANTEGER FOR GUILDING	
ANTECEDENT CAUSES	went essess & dishite.
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
O ONDERETING CONDITION EAST.	
<u>L</u> (c)	
CTUED CIGNIFICANT CONDITIONS	
OTHER SIGNIFICANT CONDITIONS CON-	inselerases
TO THE DISEASE OR CONDITION CAUSING IT.	
1 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	
U 214 ACCIDENT CHICIDE   215 BLACE OF IN BLBV (2.5	YES NO
O HOMICIDE (Specify) about bome, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
E Company	
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m.   WORK AT WORK	
22. I hereby certify that Lattended the deceased from	, 1933, to, 193/, that I last saw t
	erred at 700 P.m., from the causes and on the date stated above
	23B. ADDRESS A A LA 23C. DATE STONE
much to helle M. B.	928 n ( harles) 1 11/6/5/
	ERY OR CREMATORY   240. LOCATION (City, town, or county) (State
24A. BURIAL, CREMA 24B. DATE 10N. REMOVAL (Specify)	6 6 10 00 01
	an Olmetery O Normal & o'
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTION IN AN IMMENTALIAN F	1 6602432 ket at
	y my news
VS 150	

THE MINISTER OF STREET Melecunian com even eurie Trop 35 12/0/1

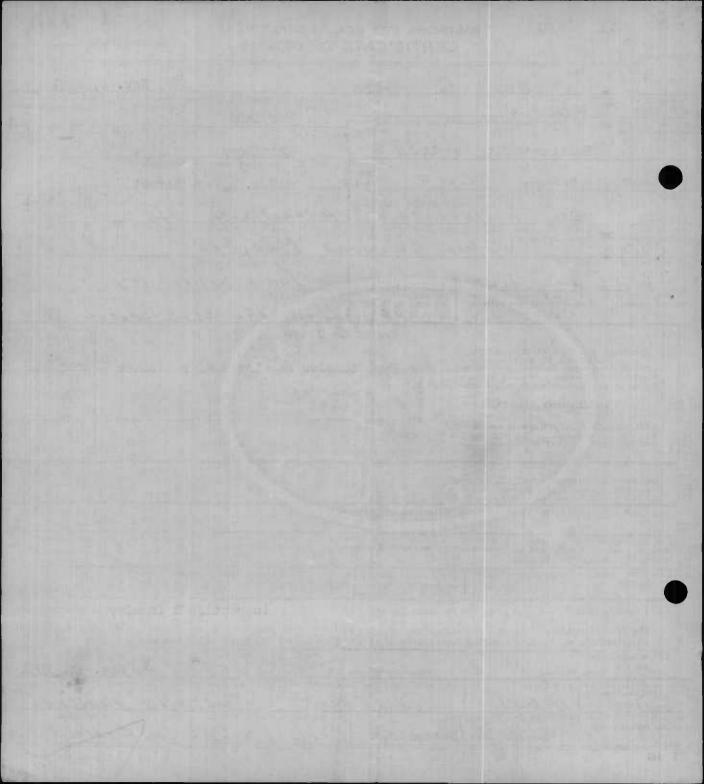
## BALTIMORE CITY HEALTH DEPARTMENT

O.L	3000

CERTIFICATI	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) MARTHA ROSSMANN	2. DATE OF DEATH November 5. 1851
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased fived. If institution: residence A. STATE B. COUNTY before admission)
3. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MARYLAND
INSTITUTION SMALL WOOD ST.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs,	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 75 VRS. Days	415 S. SMALLWOOD ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours; Min.
MEMALE White widowed	DAMUARY 12, 1860 91
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE JONESTIC	14. MOTHER'S MAIDEN NAME
DACOB LEINS	11 12
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
No N	MinNIE ROSSMANN 415 S. SMALLWOOD
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- The bei 06
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	many munities 8 ms.
injury or complication which caused death.) DUE TO	
	es elevate Cardia vascular diarece?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	.0.4
TO THE DISEASE OR CONDITION CAUSING IT.	AATION 2 20. AUTOPSY7
di la	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., 6	
p. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21f. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Q	19.15, 195, to 200. 5 , 1951, that I last saw the
deceased alive on 2007. 5, 195/, and that death occur	Led at 4:05 Pm., from the causes and on the date stated above.
	4508 Edunidam Villa 11/5/5
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, Jown, or county) (State)
BURIAL 11-8-51 WESTERN	CEMETERY BALTIMORE, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL/DIRECTOR ADDRESS
101/-195/	GEO. L. Schwab 2101 PREDERICK AUG
VS 150	Co. S



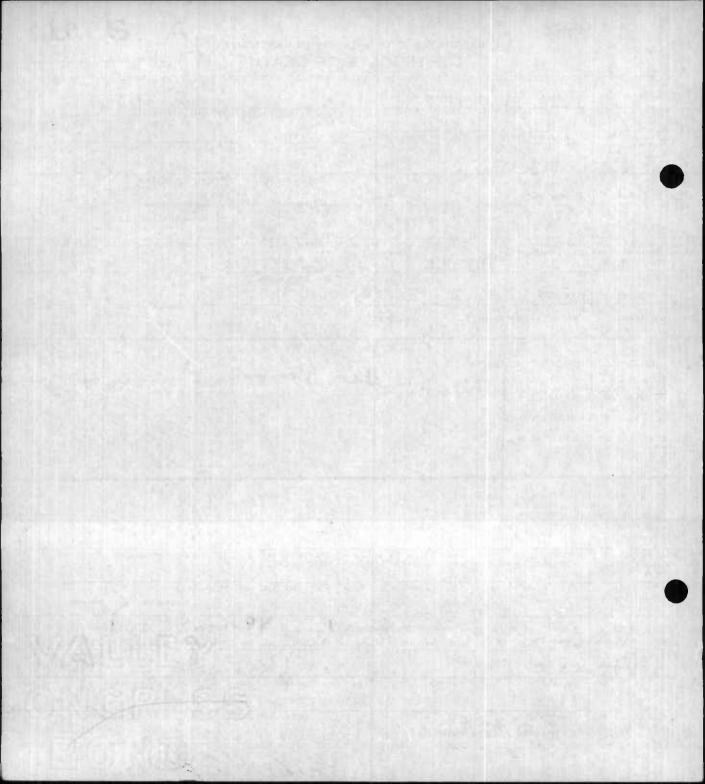
	1	9561		TIMORE CITY HE			51 Registered No.	9561
I. NAME OF D	ECEASE	D				125	ATE	
(Type or Print)	ECEASE			A			OF	1051
3. PLACE OF D	EATH.	MARG	ARET	G SMITH	II 4 IISIIAI RESID		EATH NOV. 4 eceased lived. If inst	
A. Baltimore		aryland			A. STATE		B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (I	f not in hospita	ıl or institut	ion, give street address or location)			e corporate limits, w	rite RURAL and give
INSTITUTION	Ba	ltimore	City Ho	snitals	Balti	imore	26-0	5 township)
				Yrs.	D. STREET ADDR		give location)	
c. agth of s	tay in I	Baltimore		For Mos.	617 8	S. Savage	Street	
5. SEX	6. COLO	OR OR RACE	7. SINGLE	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. A	GE (in years) If Undo	Days Hours; Min.
Female	Wh	ite		RRIEL	Augusto		4.5	Day's Hours Arm.
10A. USUAL OC	CUPATION	ON (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (	State or foreign	country)   12	CITIZEN OF
ork done during most	of working li	fe, even if retired)	Fisher	AL GOVERNA	LAT MOR	21/1000	1	WHAT COUNTRY
13. FATHER'S	VÂME		12000	~ C 000 · (111	14. MOTHER'S MA	NIDEN NAME	- 1	1.0.71
			· · ·	/ -	Mas	, C.	/-	
15. WAS DECEASE	-L: 1A		IMAL	I 16. SOCIAL	MARY	1 Denk	POEDER	
Yes, no or unknown)	(If yes,	give war or dates		SECURITY NO.	17. INFORMANT	-1	ADDI	. /
No	1	VONE		NONE	GEORGE SHI	th 617	S. SAUNG	e 57.
		I CONDITION NG TO DEAT		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
heart failt	s not mea	an the mode onia, etc. It mea ation which c	f dying, e. i ns the diseas	se,	ensive cardi	iovascular	disease	
	ANTECI	EDENT CAUS	ES	(B)			***************************************	
		NDITIONS, II						
		NDITION LA		(C)				
3				(0)				
TRIBUTING	G TO THE	ANT CONDI DEATH, BUT OR CONDITION	NOT RELATE	ED				
19A. DATE C	Name and Address of the Owner, where the Owner, which is			FINDINGS OF OPER	RATION			20. AUTOPSY?
ų l		19						YES NO X
21A. EXTERI	G D OF			ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			Saltimore City, give	exact location)
2 1D. TIME F INJURY	(Month)	(Day) (Year)		21E. INJURY OCCURR		D INJURY OCC	UR?	
			m.	WORK AT WORK				
22. I eerti	fy that	I took char	ge of the	remains described	above, held an <b>ir</b>	Autopsy, Inspect	& inquiry t	hereon and from
				opsy, Inspection or . from: natural cause		t said decease	ed died on the a	
23A. SIGNA	TURE-		18			EDICAL EXAM		DATTIGNED
PH	an	ley /8	- 10	mescher	HEDICAL INV	EDICAL EXAM	Nov	4, 1951
24A. BURIAL. (S		24B. PATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATI	ON (City, town, or	county) (State)
BURIAL		11-8-5	/	Loudon	TARK	BALT	TORE MA	RULAND
DATE RECEIVE	D BY	REGISTRAR'S			25. FUNERAL DIE	RECTOR	AI	PRESS
LOCAL REGIST	450	Thurst.	inter!	Vellique H. B	GEORGE L.	Schunk	2101 FRED	ERICK AUF
1404					Devily 2 2.	CHURB	2.01/42	
V S 151		THE REAL PROPERTY.	7.20	390	91		93	) "



### BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

OI	9552

BIRTH NO.		CERTIFICATI	E OF DEATH			
1. NAME OF DECEASED (Type or Print)				2. DATE		
MARY	E. AND	REWS		DEATH 11./	4/51	
a. Baltimore City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived, It B. COUNTY	f institution: reside before adm	
	al or institut	ion, give street address or	MARYLAND	2.000	Destric tours	11421011)
HOSPITAL OR INSTITUTION		location)		outside corporate limi		
1125 HARLEN	AVE		BALTIMORE	16-	O	wnship)
		Yrs.	D. STREET ADDRESS (If	rural, give location)		
c. Length of stay in Baltimore		Mos. Days	1125 HART	EN AVE		
5. SEX 6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	II Under   Year   If Under	24 Hours
TP C	MIDOM	ED, DIVORCED (Specify)	11/16/1865	last birthday) M	onths Days Hours	Min.
10A. USUAL OCCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF	-
rork done during most of working life, even if retired)	DOME	INDUSTRY	CITISAV CA		WHAT COU	NTRY?
HOUSE TEE	DULL	12110	CLIMAX, GA.	A NA E	LU.S.A.	
				VME.		
ALFRED SHOATS  15. WAS DECEASED EVER IN U. S. ARMER		1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HANNAH			
(Yes, no or unknown) (If yes, give war or date	B of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
NO NO		NONE	MARY E. JACK	SON-1125 H	ARLE! AVI	<u> </u>
18. 4221		CAUSE	OF DEATH		ONSET AND	
DISEASE OR CONDITION				1	OHOL! AND	DAAIII
(This does not mean the mode of	f dying, e. g	in the same	co Vamele	disease	2 4 M	-
heart failure, asthenia, etc. It mea injury or complication which of	ns the diseas aused death	e, .) DUE TO				
ANTECEDENT CAUS	FC					
ANTECEDENT CAUS	000	(B)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(C)						**********
OTHER SIGNIFICANT CONDI	TIONS CON	D.				
TO THE DISEASE OR CONDITION	CAUSING I	r				
194. DATE OF OPERATION	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOF	SYZ
214 ACCIDENT WAS HAIDED	1 210 DI	CE OF IN HIRV ( I	- Late Willens Bib. (V	R in Delainer City		NO LA
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City,	give exact location	1)
TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?		
Model Comments	m. 1	WHILE AT NOT WHILE				
22. I hereby certify that I att		,	1 10 19 6	10%	that I last so	41
deceased alive on	6. 4	and that death occur	\	he causes and on t		
23A. SIGNATURE	_, _10,,,,,		38. ADDRESS	te eduses und on t	23c. DATE 61	
11. How att	2715	м. р.	MITLENE	in star	1116	5
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	, or county) (	State)
BURIAL 11/8/5	7	Fleatown Ce	metery   Cli	max, Ga.		
DATE RECEIVED BY   REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS	
WANT REGISTRAN	and the Pi	Mianes M. JE	Charles G. Co	one r-512	Carrollto	on
1331	4		- Condition of	7		
VS 150	7-67		of the self	17/ Del	93)	>
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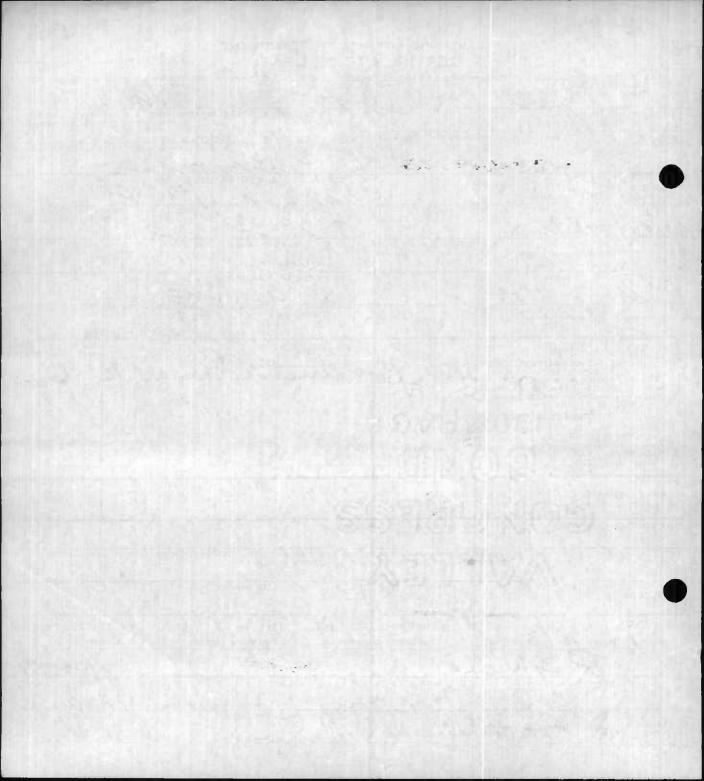


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.\_\_\_\_

BIRTH NO.	
1. NAME OF DECEASED Charlie Roon	W 00   2. DATE OF DEATH W. 6, 1951
3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street additional HOSPITAL OR	ress or Wagna -
JOHNS HOPKINS HOSKINAL	(If outside corporate limits, write RURAL and give township)
JOHNS HOPKING	Yrs. D. STREET ADDRESS (If rural, give location)
	Mos. 220 / 170/
5. SEX A 6. COLOR OR RACE 7. SINGLE, MARRIED,	Days   9. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
male Tarkete WIDOWED, DIVORCED (S	(Specify) 8 - 27 - 8 8 last birthday) Mouths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS C	OR 11. BIRTAPLACE (State or foreign country)   12. CITIZEN OF
ork dobe during most of working life, even if retired)  Auv. aw - Man	JSTRY China WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jung Noo	Shee Eng
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or yaknown) / If yes, give war or dates of service) SECURITY	NO 17. INFORMANT ADDRESS
SECORITY	IOUNS HOPKINS HOSPITAL
18. 4/3 4 3 . CAL	JSE OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	4 1.4 Conset AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	onstructive verifications byrs
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY	
LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH	cebldg.,etc.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?
	WHILE
22. I hereby certify that I attended the deceased from	1. / 5 /
deceased alive on 4/ 6, 195/, and that death	1 - 3 = 1)
23A. SIGNATURE	1 222 ADDDECC
K Z Wells M.	D. JOHNS HOHAT
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CE	METERY OR CREMATORY 240 LOCATION (City, town, or county) (State)
11/6/51 Vakwi	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 7 - 1951 huttigter / Mianes, H.	Welliam J. Ichnor Hons
VS 150	438C 90B



MED, EXAM, CASE 9564 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Y, BONG . HARLES OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 9. AGE (In years | | Under I Year | If Under 24 Hours last birthday | Months Days Hours Min. 6, COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 800 IVOYCEC USUAL OCCUPATION (GivekInd of 10B. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY COUNTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Probable rent Myocordial Inforction (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H CERT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive only and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) LOCATION (City, town, or county) DATE RECEIVED BY VS 150

Mc Cunt Ludden Oh-State -The state of the s

BALTIMORE CITY HEALTH DEPARTMENT 51 9565 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland STATE B. COUNTY before admission) Mary and B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RUBAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Moo. c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 18. INTERVAL BETWEEN 443 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 19 57/to . 1951, that I last saw the 19.51, and that death occurred at 1158 Pm., from the causes and on the date stated above. deceased alive on 11/5 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

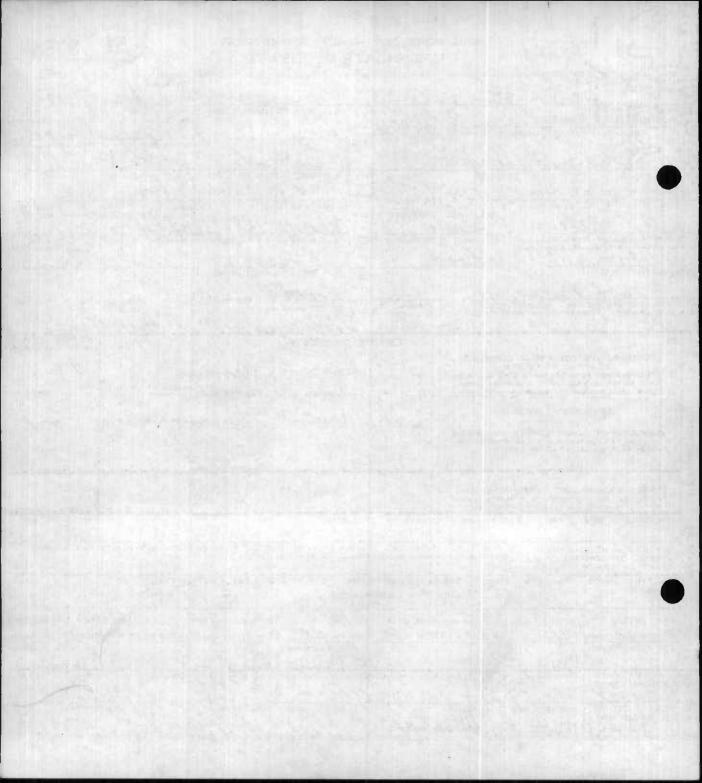
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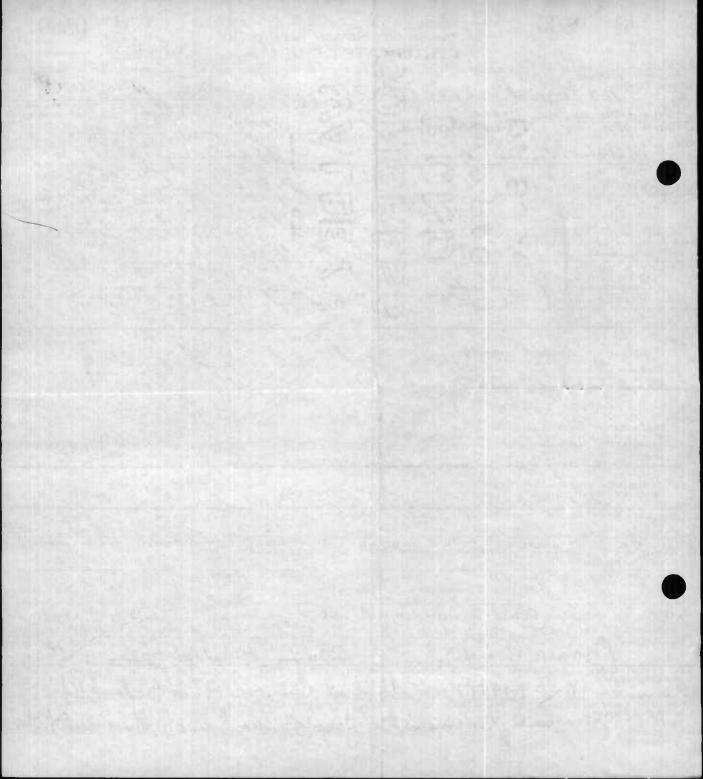
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# BALTIMORE CITY HEALTH DEPARTMENT

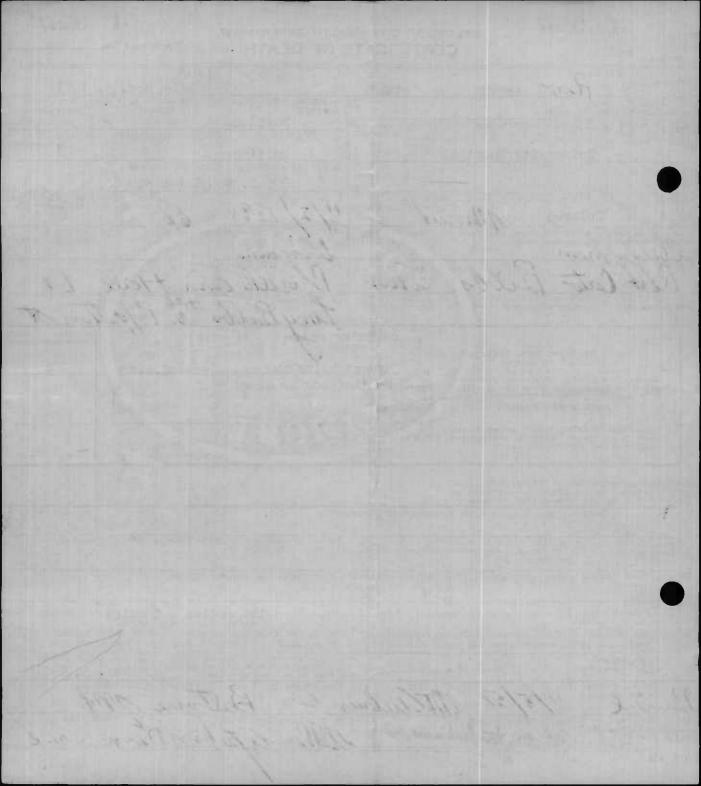
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BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Andrew Pietro Fent	titta 2. DATE OF DEATH 18-5-6-1
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
INSTITUTION Union Menail Hay.	
c. Length of stay in Baltimore 49 Mo	8. 518 112 m 01
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH  9. AGE (in years if Under Vear Months Days Hours Min.  149  149
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Rosario Fertitta	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	Oliene Onset and DEATH
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PERATION   20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING obout home, farm, factory, street, office bld	yes No eg., in or 21c. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUI	ILE N
deceased alive on 11-5-51 19 and that death occ	ourred at 6 m, from the causes and on the date stated above 238. ADDREGS
24A. BURIAL. CRYMA 24B. DATE 24C. NAME OF CEME TION, REMOVAL Specify) Nov-9-1951 New Cathe	tery or CREMATORY 240. LOCATION (City, then, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
VS 150	000000000000000000000000000000000000000



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BI	IRTH NO.				CERTIFICA	A II Imm	OI DEATH		
	NAME OF D	ECEASED						2. DATE OF	
(1	type or Frinc)	1827	ARI	CHUR	BTBBS			DEATH NOV.	
	Baltimore C		nd				. USUAL RESIDENCE (W	here deceased lived, If i B. COUNTY	nstitution : residence before admission)
	FULL NAME			or institut	ion, give street addres		Maryland		,
Н	OSPITAL OR				locati		CITY OR TOWN (If	outside corporate limits	, write RURAL and give
11.	ASTROTION	Univer	sitv F	Hospi t	al		Baltimore	15	township)
_		0.1.1.1.0.1		10-02-0		rs. D	STREET ADDRESS (If r	ural, give location)	
_	orth of s	tay in Baltin	nore	40	The state of the s	os.	306 N. Por	pleton Stree	t.
5.	. SEX	6. COLOR OR		7. SINGLE	MARRIED,		DATE OF BIRTH	9. AGE (in years) If	Under 1 Year   If Under 24 Hours
VI:	ale	Colored		WIDOW	ED DIVORCED (Spe	cify)	1/2/1863	last birthday) Mor	ths Days Hours Min.
	DA. UŞUAL OC	1		OB. KINE	OF BUSINESS OR	11	BIRTHPLACE (State or fo.	reign country	12. CITIZEN OF
	k done during most o	of working life, even			INDUST		1/		WHAT COUNTRY
1	11.41	moun					Migamil		
13	S. FATHER S	AME -	K	80	4		MOTHER'S MAIDEN NA	ME / / - /	7 1/
	( Enst	alo	Hu	600	· lesus		Travella an	un Hal	2 1/4
15 Ye	5 WAS DECEASE	ED EVER IN U; S	ARMED F	FORCES?	16. SOCIAL SECURITY NO	17	. INFORMANT . 11	406 m AL	DRESS
							Jugil Billes	N. Total	ellon M
i	18. ///	2			CALIS	E OF	DEATH	17	INTERVAL BETWEEN
	77	3 X 1			CAOS	JE OF	DEAGIN		ONSET AND DEATH
		SE OR COND LEADING TO	DEATH	-{	Tren		ories and anteni		
		s not mean the are, asthenia, etc					sive and arteri	oscierotic	
	injury or	complication	which cau	used death	i.) DUE TO CAI'C	110V8	scular disease		
		ANTECEDENT	CAUSE	s					
7		0 0 0 00 UDIE	10110		(8)			***************************************	
2	RISE TO T	S OR CONDIT	SE (A) S	TATING TH					
1	UNDERLY	YING CONDIT	ION LAST	τ.	(C)			***************************************	
ز									
_	OTHER S	II	CONDITI	IONS CON	٧-				
7.		TO THE DEAT							
נ נ		F OFERATION		State of the last	FINDINGS OF O	PERAT	ON		20. AUTOPSY?
1			0						YES NO V
2	21A. EXTERN	VAL CAUSE W	VAS	21B. PLA	CE OF INJURY (e.	g., in or		in Baltimore City, g	ive exact location)
Š		G OR CON	4.1410-	about home, f	arm, factory, street, office b	ldg.,etc.)	INJURY OCCUR?		
Z L		(Month) (Day)		House 1	21E. INJURY OCCU	DOED	21F, HOW DID INJURY	OCCUP?	
4	INJURY	(Lizottiii) (Lay)	(1011)(1		WHILE AT NOT WE		ZIV. HOW DID INSORT	CCCORT	
ľ				m.	WORK LAT WO	RK			
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from								
	the evi	idence obtain	ed bu si	aid. Auto	nsu. Inspection of	or Inc	uiry, find that said de	nspection or Inquiry	e day stated above
	and de	eath in my of	pinion re	esulted f	rom: natural car	ises j	, accident . suicide	. homicide ., un	ndetermined [].
	23A. SIGNA	TURE	4/1		0		238. CHIEF MEDICAL E	XAMINER 230	. DATE SIGNED
	A	may 1	7. 10	yeur!	achen	M.D.	MEDICAL INVESTIGAT	OR NO	v. 5, 1951
3	44. BURIAL, (	CREMA- 24B.	DATE	1 1	24C. NAME OF CEMI	ETERY	OR CREMATORY 249. LG	CATION (City, town,	or county) (State)
E	MAL AUX	ilectry)	18/-	5/	MIChile	um	Rinn Prov	Ineres 10	111
	ATE RECEIVE	D BY   REGIS	STRAR'S	SIGNATI	RE.	25	FUNERAL DIRECTOR	1 0%	ADDRESS
H	OGAL-REGIST	RAR	- 44 "	to N	Waste Her	1	11.01. 180	herato"	and the B
7 1	01113	7	what of	42.84		MA	MI 10 seg ( SIL)	But by Nove	7. 9/ 2/
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## BALTIMORE CITY HEALTH DEPARTMENT

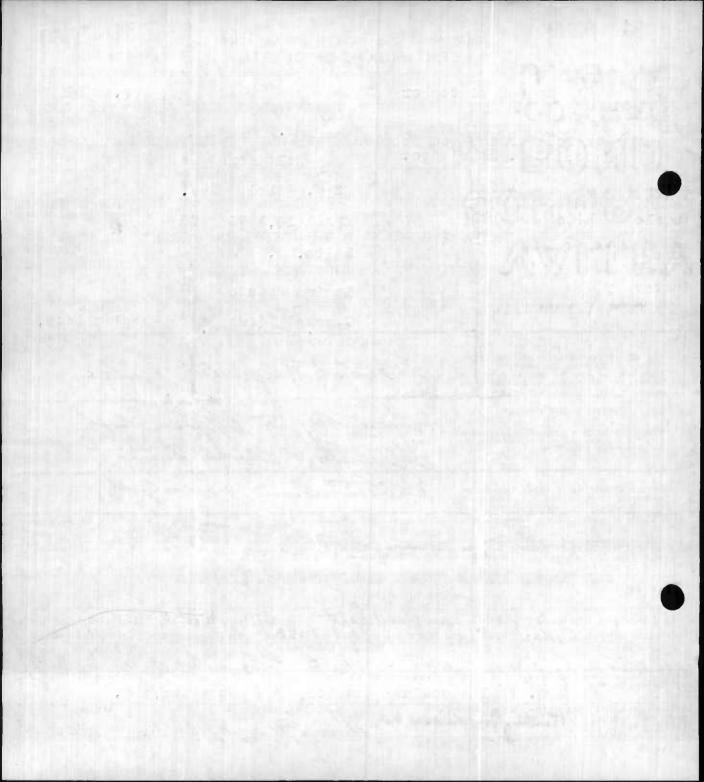
		ERTIFICAT	E OF DEAT	H Registered	1 NO
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	a Robos	TD )/	956	2. DATE OF DEATH	16/5-1
3. PLACE OF DEATH: A. Baltimore City, Maryl	and	the state of the s	4. USUAL RESIDE	NCE (Where deceased lived,	If institution: residence before admission)
B. FULL NAME OF (If not HOSPITAL OR	in hospital or institution	, give street address or location)	C. CITY OR TOWN	IND Zone	nits, write INURAL and give
INSTITUTION OF NIKIN.	5 Meners	1 // SPITE	1371	TIMORE 1	2 = 0 township)
Counth of store in Polit		Yrs. Mos.	D. STREET ADDRE	1 7-1 -	
c. Length of stay in Balt		Days	103W.	39-101	
5. SEX 6. COLOR of		MARRIED, D, DIVORCED (Specify)	About 18		Months Days Hours Min.
10A. USUAL OCCUPATION	Givekindof 10B. KIND	F BUSINESS OR	11. BIRTHPLACE (S	state or foreign country)	1 12. CITIZEN OF
work done during most of working life, eve	m if retired)	INDUSTRY		/A.	WHAT COUNTRY
13. FATHER'S NAME			14 MOTHER'S MA	IDEN NAME	1 0, 5,77.
HEnry	Wade		anna I	Marria Da	min-
15. WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	CD War	ADDRESS
NO L	war of dates of service)	SECURITY NO.	Hos	& record	
18. 1/20/		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CON	DITION DIRECTLY	0			ONSET AND DEATH
LEADING	TO DEATH	1 nk	ON ARI	(Vanlue	
heart failure, asthenia, e	te mode of dying, e. g., tc. It means the disease, which caused death	(A) Que TO		Service Control of Sold	0 1/
ANTECEDE		1		( )	Acceptance of
Z	VI CAUSES	(B) CO1	RONARI	20/eRos	10
DISEASES OR CONDI					
RISE TO THE ABOVE CA		DUE TO		17	
		(a-p)	VERR /1202	O HATERIA.	co poposis
F	ı	(C)		2 / 1/1	22 60/7
OTHER SIGNIFICANT	TH, BUT NOT RELATED				
19A. DATE OF OPERATION		INDINGS OF OPER	RATION		20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N					YES NO NO
21A. ACCIDENT, SUICID HOMICIDE (Specify)		E OF INJURY (e. g., in, factory, street, office bldg.,		ID (If in Baltimore City	y, give exact location)
Σ					
D. TIME (Month) (Da	y) (Year) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
		ORK NOT WHILE		,	
22. I hereby certify th	at I attended the de	eceased from	7/1 , 19 1	1, to 11/6 . 19	SI, that I last saw the
deceased alive on_//	62, 1957, ar	ed that death occu	4 6	from the causes and on	
23A. SIGNATURE	DIFE		38. ADDRESS	1/	23c. DATE SIGNED
1 An	10/10 cal	es M.D.	AH III	nes Atras	2. 11/6/51
24A. BURIAL, CREMA- TION REMOVAL (Specify)	DATE 24	C. NAME OF CEMETE	RY OR GREMATORY	24b. LOCATION (City, to)	wn, or county) (State)
DATE RECEIVED BY   REG	ISTRAR'S SIGNATUR		25. PUNERAL DIR	ECTOR	ADDRES9'
HOPAY REGISTERAN H	- # to NII	TOWER MAR	11/11/1/2014	mineston la 11	2. 1/2 / P1
1.01 1001 1		الفار المستعدد	VIII Sun	morpini w4	905 your na.
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		L. Carlotte			740

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9569

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Kate Christopher DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME QF (If not in hospital or institution, give street address or Md. General German Aged Peoples C. CITY OR TOWN (If outside corporate limits, write RURAL and give Home. 22 S. Athol Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 22 S. Athol th of stay in Baltimore AVE . Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years Last birthday) Months Days WIDOWED, DIVORCED (Specify) White Mema.le April 14.1876 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gustav Ev Louisa Krauss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Aged Peoples Home. eneral German INTERVAL BETWEEN 18. CAUSE OF DEATH 422 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ebout home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from I see , 1851, to Nor. 5, , 1951, that I last saw the deceased alive on 5 Way , 1951, and that death occurred at 2.25 ft.m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED unn 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 244. BURTAL, CREMA 246 DATE dodlawn emetery Woodlawn. Md. uri a.L DATE RECEIVED BY 25. FUNERAL DIRECTOR **ADDRESS** 



1	6		BALTI	MORE CITY HE	EALTH DEPARTMEN		
B	IRTH NO.		C	ERTIFICATI	E OF DEATH	Registered	No
	NAME OF D	ECEASED//		73/1			
	ype or Print)	Jose	ac	Lotiers		2. DATE OF DEATH OV.	6,1951
	PLACE OF D Baltimore (	EATH: City, Maryland	lines:	2	4. USUAL RESTDENCE		f institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institution,	give street address or	Geor	gea \	1-09
	ISTITUTION	JOHNS	HOPKINS	HOSPITAL	C. CITY OR TOWN	(If out ode corporate lim	its, write RURAL and give township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	2_
	SEX	6. COLOR OR RACE	7. SINGLE. N	IARTED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   It Under 24 Hours
7	ale	white		, DIVORCED (Specify)	10-7-87	last birthday) M	Ionths Days Hours Min.
OF	A. USUAL OC done during most of	CUPATION (Give kind of of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		obert		14. MOTHER'S MAIDEN	NAMANOVAA	
15	. WAS DECEASE	D EVER IN U. S. ARME	FORCES?   1	6. SOCIAL	17. INFORMANT		
Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	JOHNS HO	OPKINS HOSPITA	L
KIIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mess complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	TH yir dying, e. g., ans the disease, aused death.)  SES  F ANY, GIVING STATING THE ST.		of DEATH  insclusion  allow disconnection  connection	i cadio	INTERVAL BETWEEN ONSET AND DEATH
C L	TO THE DI	TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION   1	CAUSING IT.	NOINCE OF OPER	AZION		
TAP		2		NDINGS OF OPER			YES NO
MEDIC		ENT WAS UNDER CONTRIBUTING DEATH		OF INJURY (e. g., in factory, street, office hidg., e		(If in Baltimore City,	give exact location)
I	TIME (	(Month) (Day) (Year)	,	. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	
	22 7 horest				1// 105/ 40	11/6 -01	7

and that death occurred at 11 \$5 deceased alive on\_t 238. ADDRESS

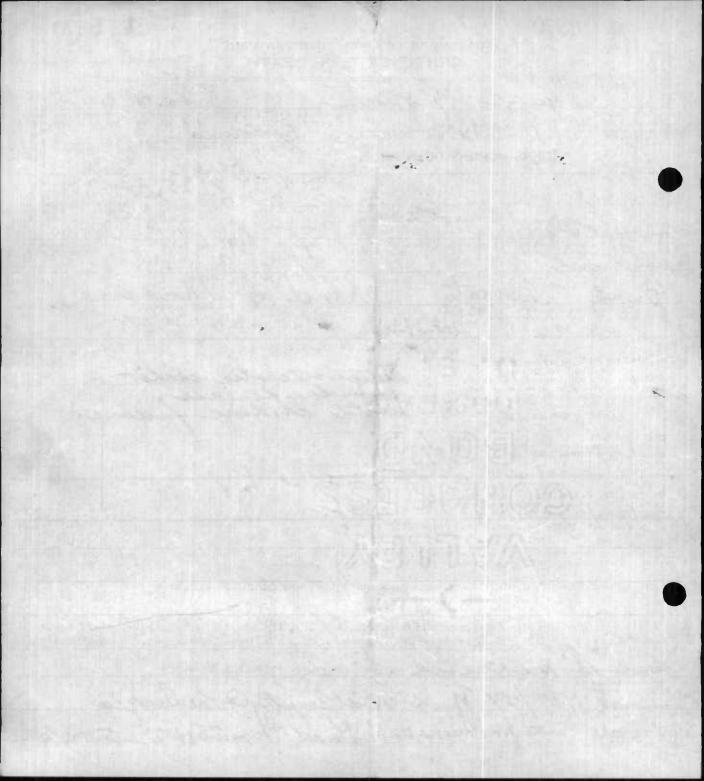
HOPKINS HOSPITAL

Th., from the causes and on the date stated above. 23c. DATE SIGNED

(State)

24D. LOCATION (ity, town, or county)

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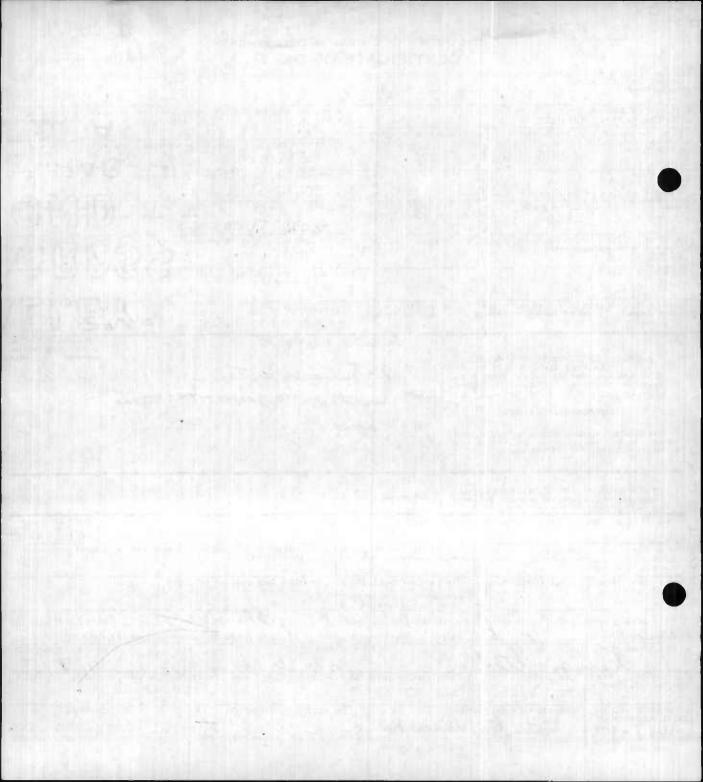


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# BALTIMORE CITY HEALTH DEPARTMENT

51	9571
	000

BIRTH NO.	CERTIFICATI	E OF DEATH Registered No						
I. NAME OF DECEASED (Type or Print) Anna	E. Kroney	2. DATE OF NOV. 5,	/51					
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospit		4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY b.	on: residence efore admission)					
HOSPITAL OR	tal or institution, give street address or location)  net ta	c. CITY OR TOWN (If outside corporate limits, write I	RURAL and give township)					
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 806 Unetta Ave.						
Female 6.COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (in years li Under 1 Year Months Days Hours Min.  10. 16. 1858  9. AGE (in years li Under 1 Year Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY		IZEN OF					
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME UNKNOWN						
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ITS. Louise Heinzenberger, 806						
Z O DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA  OTHER SIGNIFICANT CONDITIONS TO THE DEATH, BUT	dis Veseules chalene	y ys						
TO THE DISEASE OR CONDITION	198. MAJOR FINDINGS OF OPER	ATION 20	. AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e							
INJURY	216. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 216. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK 195, that I last saw deceased alive on 1 / 2. and that death occurred at 1 / 2. m., from the causes and on the date stated at							
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify) TOV 8/	Si Loudon Park	2070 Wilkous OLD (1)	y) (State)					
NOV7 - 1951	eter Milliame, MAR	arry H. Mit (201 Idmonds	son Ave.					



536

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9572 Registered No.

BIRTH NO.			CERTIFICATI	E OF DEATH	8-20-00			
1. NAME OF (Type or Print)	DECEASED	Johr	n Kantorski		2. DATE OF DEATH	11-5-51		
3. PLACE OF A. Baltimore B. FULL NAME	City, Maryland	Baltin	NOTE ion, give street address or	A. STATE	B. COUNTY	If institution; residence before admission)		
HOSPITAL OR INSTITUTION	404 S. We		location)		(If outside corporate lim	its, write RURAL and give township)		
	stay in Baltimore	54 3	Days	II	(If rural, give location) e Street			
S. SEX	6. COLOR DR RACE	7. SINGLE	MARRIED,	6-18-58	9. AGE (In years last birthday)	Norths Days Hours Min.		
Retire	CCUPATION (Give kind of t of working life, even if retired) d FOREMAN		of Business or INDUSTRY Oote Packing (	o Poland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S				14. MOTHER'S MAIDE	N NAME			
15. WAS DECEA (Yes, no or unknown	SED EVER IN U.S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mrs Theresa G	ilden 404 S.	ADDRESS Wolfe Street		
DISEASE RISE TO UNDERL	lure, asthenia, etc. It means to complication which complication which complication which complies on complitions, in the above cause (A). YING CONDITION LA	aused death	G DUE TD (C)	is Regur	giletin ondete's	2 7 s.		
	OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY7		
LYING C	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
INJURY		m.	VHILE AT NOT WHILE AT WORK					
deceased of	ATURE CREMA- 246. DATE	1957, c	and that death occur	Tred atm., from 3B. ADDRESS				
DATE RECEIVI	PS1 REGISTRAR	uster 1	Ellians, M. #	25. FUNERAL DIRECT Lilly & Zeiler	OR	ADDRESS Wolfe Street		
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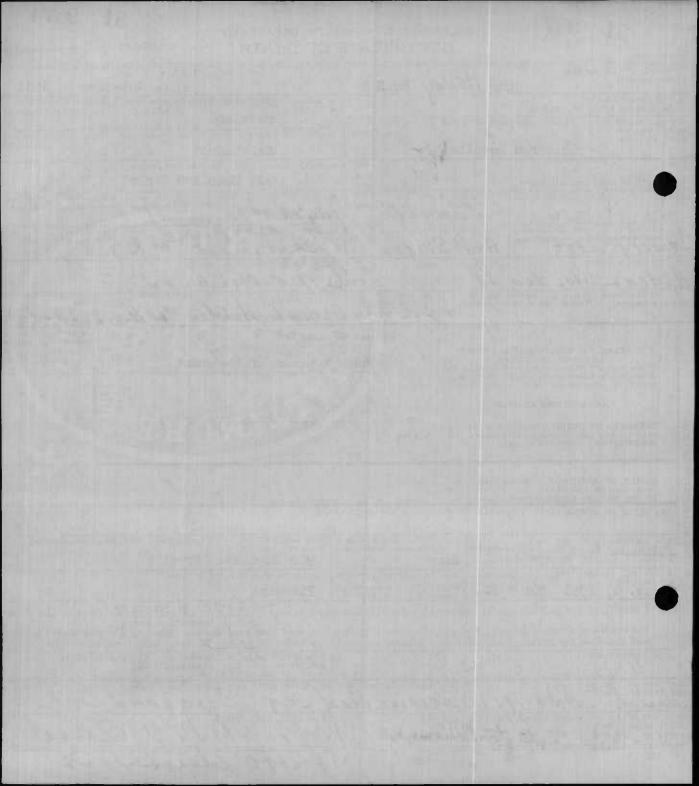
### BALTIMORE CITY HEALTH DEPARTMENT

51 9573

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF Day or Print)	Eran	npe	Dora n	Jargaret	2. DATE OF DEATH U - 5	-51
3	Baltimore	City, Maryland	1-3		4. USUAL RESIDENCE	(Where deceased lived, If ins	titution : residence before admission
B. H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN	If outside corporate limits, v	write RURAL and give
4	1-121	NKLIW J PU	WHE	(Yrs.)	D. STREET ADDRESS ()	f rural, give location)	9
C.	angth of	stay in Baltimore	7	Mos. Days	10.11	FFIEL AUR	
5	R	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	3-3-1879		der 1 Year hs Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or B)	foreign country)   12	WHAT COUNTRY
13	of Boc	NAME			14. MOTHER'S MAIDEN I	VAME Vennetta	Scheidt
		SED EVER IN U.S. ARMEI ) (If yee, give war or date		16. SOCIAL SECURITY NO.	Kather in P. Ma	ADD 1926 (	Spiffess Aug
HON	(This doe heart fail injury or DISEASE	ASE OR CONDITION LEADING TO DEA so not mean the mode elure, asthenia, etc. It mes r complication which ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A)	TH of dying, e. g ons the disease caused death. SES  F ANY, GIVIN STATING TH	(A) Pulms DUE TO (B) Car	of DEATH ray Embling diac Deco	n pendatia	MWUTT
CERTIFICA	OTHER TRIBUTIN TO THE	LYING CONDITION LA	ITIONS CON NOT RELATE CAUSING I	· Properts	ol Mouma; Toxe Mellitus; Ger	nia : sementy. Paritonities	
AL	19A. DATE	20.	200 MAJOR	approlates	Exception !	eritonit is	YES NO
LEDIC	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.,		(If in Baltimore City, give	e exact location)
Σ	21D. TIME	(Month) (Day) (Year	V	VHILE AT NOT WHILE WORK			
		by certify that I attalive op/1-5	tended the	deceased from	7 — 2 , 1951, to rred at 622 m., from 232 ADDRESS	the causes and on the	that I last saw th date stated above 23c. DATE SIGNED
	4A. BURAL.	CREMA- 24B. DATE Specify)	1951	Loudon	ERY OR GREMATORY 24D)	LOCATION (City, town, or	county) (State)
DL	ATE RECEIVE	1951 REGISTRAR	SSIGNATU	Sharks M.W	25. FUNERAL DIRECTOR	r. Gulet Son	5311
	VS 150	٠,٧٠.	Janothin!	TO STATE OF THE PARTY OF THE PA		12 Edmon	dson ave

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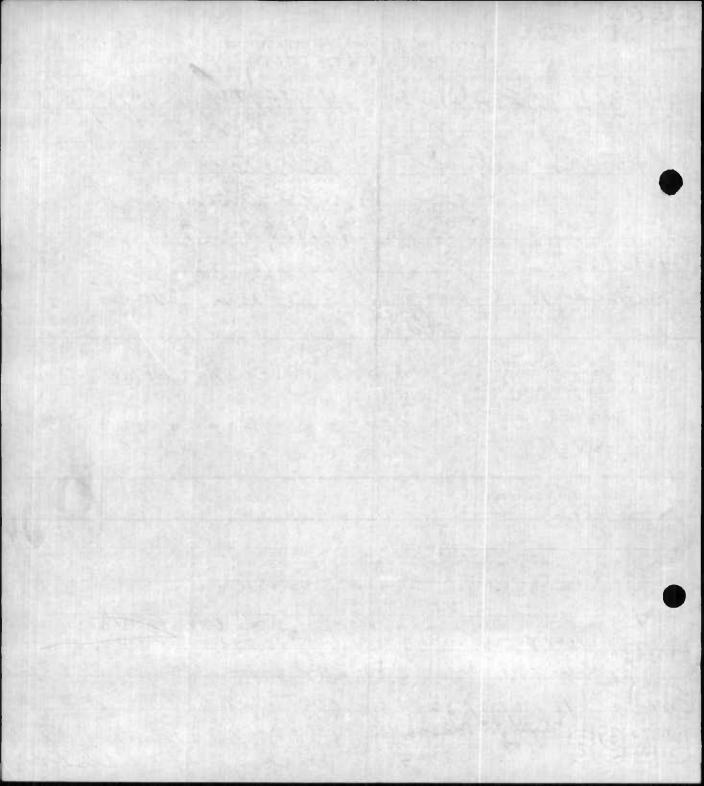
51 . 9575

	BALTIMORE CITY HEALTH DEPART		. 9010			
ВІ	BIRTH NO. CERTIFICATE OF DEATH	H Registered No.				
1. (T	1. NAME OF DEGEASED (Type or Print) & LIZABETH (LIZZIE) WETTEN	VTON DEATH // /	5/57			
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE	B. COUNTY	titution ; residence before admission)			
HC	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION   C. CITY OR TOWN	(If outside corporate limits, v	write RURAL and give			
A	345 Rollery ST Yrs. D. STREET ADDRE	ESS (If rural, give location)	20			
c.	c. Length of stay in Baltimore Life Mos. Bays 345	Robert &	#			
5.	5. SEX 6. COLOR OR RACE 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify) 9 1 8	9. AGE (in years last birthday) 73 78 Month	er I Year if under 24 Hours hs Days Hours Min.			
10 work	10A. USUAL OCCUPATION (Givekiedef 10B. KIND OF BUSINESS OR INDUSTRY Orkdone during most of working life oveo if retired)	State or foreign country	CITIZEN OF			
13	13. FATHER'S NAME	IDEN NAME				
15	James H. Long Cul	ia Coole	6			
(Ye	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 50 or uoknowo) (If yes, give war or dates of service) SECURITY NO.	ADD	RESS			
	18. Harl CAUSE OF DEATH		INTERVAL BETWEEN			
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) CAR DIO VASCULAR DISEASE					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		and the state of t			
	ANTECEDENT CAUSES	I E M . O O H D G F	3 0000			
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING	EMORRHAGE	2 DAY			
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)					
FIC						
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
SAL			YES NO			
MEDICA	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., io or INJURY OCCU		e exact location)			
~	INJURY	INJURY OCCUR?				
	m. WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from Nov 1  deceased alive on Nov 5, 1951, and that death occurred at 10 4 m.,  234. SIGNATURE    238. ADDRESS	o, to Nov. 5, 1951,				
	deceased alive on VOV 3, 1951, and that death occurred at 10-14 m.,	, from the causes and on the	date stated above 23c. DATE/SIGNED			
	EWilliam Frey M.D. 1928 Pe	una are	11/7/5			
24	240 BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24D. LOCATION (City, town, or	county (State)			
1	Juria 11/9/37 Balto Plat.	Balto.	ma			
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  25. FUNERAL DIR	Prop A	DDRESS			

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And the state of the state of the

George & giskelson



BIRTH NO. CERT	IFICATE OF DE	EATH	Registered No	0
1. NAME OF DECEASED (Type or Print) LOUIS BECK	(LOUIS BECK.	JR.)	OF EATH NOV.	6. 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland BALTIMO  B. FULL NAME OF (If not in hospital or institution, give str	A. STATE	RESIDENCE (Where d	eceased lived. If in	nstitution: residence before admission)
NOSPITAL OR 2103 E. Jefferson Street	location) c. CITY OR	TOWN (If outside Balti		write RURAL and give township
e. Ongth of stay in Baltimore Life	Mos.	E. Jeffers	give location)	t
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIE   WIDOWED, DIVOR   Married	D, 8. DATE OF	BIRTH 9. A	GE (In years) If U	
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSI Baker	NESS OR 11. BIRTHPL	ACE (State or foreign of	100 F 30 7 7	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		S MAIDEN NAME		0.021
Louis Beck, Sr.	Elizab	eth Metner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (If yes, give war or dates of service) 216-0	BITS 88.0	ANT 2103 E.	Jeffers	87F <sup>s</sup> Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	erotie 1.	earthis	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.	ю			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION   198. MAJOR FINDING	S OF OPERATION			20. AUTOPSY7
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, s CAUSE OF DEATH		ERE DID (If in B	altimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY m. WHILE AT WORK	NOT WHILE AT WORK	W DID INJURY OCC	UR?	
22. I hereby certify that I attended the deceased deceased alive on 157, 19, and that	from May	2. from the car	757, 19,	that I last saw the
23A. SIGNATURE CE Largin	23B. ADDRESS		Rd.	23C. DATE SIGNED
TON, REMOVAL (Specify)	OF CEMETERY OR CREMA			or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE		L DIRECTOR	ore, Md.	ADDRESS
10V7-1951 Huttister Iblian	HENRY S BALTO.	ANDER & SOI		Junden,
VS 150	1111	500	1	025

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1	9577				
BIRTH NO.					

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 9577 Registered No.

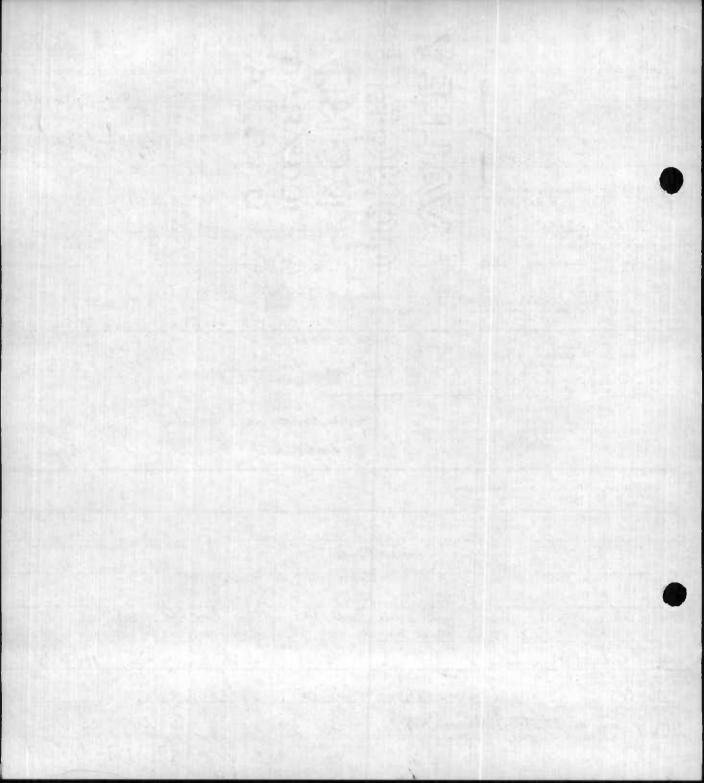
131a

1. NAME OF DECEASED PURNELL F. JONES 2. DATE. OF DEATH	11/6/51
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased as STATE	lived if institution: residence DNT before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) (If not in hospital or institution, give street address or location)	1 10
INSTITUTION 1001 W La Layette an Baltrucor	ate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give local Mos.	ation) for a store
c. Migth of stay in Baltimore  5. SEX	years   If Inder 1 Year   II Under 24 Hours
Male Cof Married "1/2/1907 last birth	day) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country INDUSTRY)	12. CITIZEN OF
13. FAMER'S NAME  13. FAMER'S NAME  14. MOTHER'S MAIDEN NAME	4- 034.
Cur Knew munt	1 mis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS JOYATT
CAUSE OF DEATH	INTERVAL PETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	esc 11-6-4
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	0
ANTECEDENT CAUSES	led
DISEASES OR CONDITIONS, IF ANY, GIVING	. 1
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	Risen
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimor	e City, give exact location)
LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 18-18 19-4, to 11-60	_, 1957, that I last saw the
deceased alive on 1/- 4 . 195 / and that death occurred at 3 2 m., from the causes at	nd on the date stated above.
Miller Near M.O. 803 M Forence	9. 11-7-51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (Ci	ty, town or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE 125 FUNERAL DIRECTOR	more Md,
LOCAL REGISTRAR	LE LIN ROOM
NOV 7 - 195 Part Abliance Waters	60 (W. Kure
10 100	

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10	9578
J.	0010

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MATTIE S. KRIEL Nov. 6. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Md. HOSPITAL OR location) (If outside corporate linits wi RALDAL and give C. CITY OR TOWN INSTITUTION townshin' 2803 Garrison Blud. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 4403 Maine Aue. Davs 9. AGE (in years If Under | Year last birthday) Months Days Hours Min. 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) female white married May 8. 1883 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at Home Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William DeVese Elizabeth Gerhardt 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Andrew G. Kriel-4403 Maine Ave INTERVAL BETWEEN CAUSE OF DEATH 18. 443 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\overline{\upsilon}$ 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 ALITOPS EDICAL 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 7 12, 1951, to how. 6, 1951, that I last saw the deceased alive on hov. 5 , 1951, and that death occurred at & A. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) BurialLoudon Park Cem. Balta DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

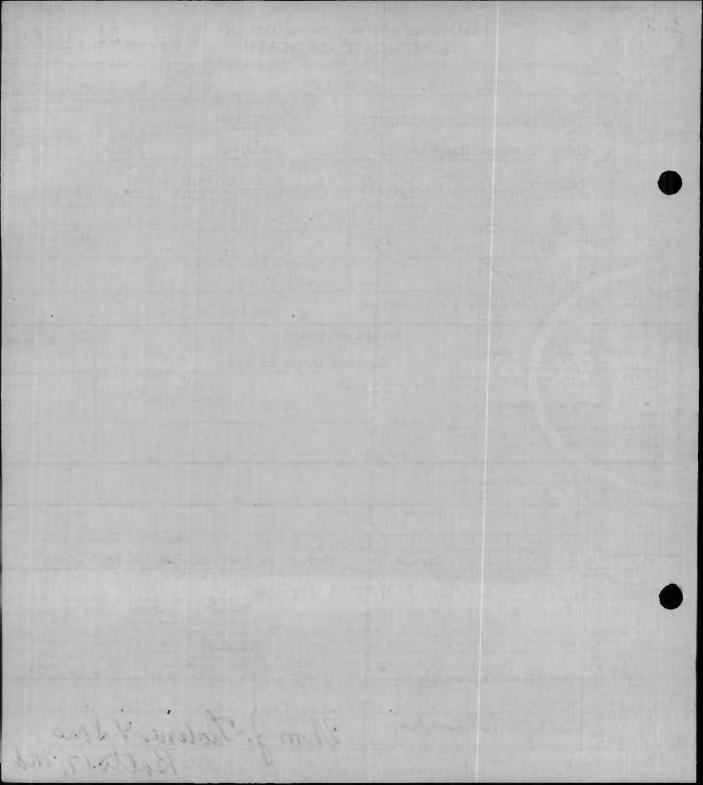


235
1 9579 BIRTH NO.
1. NAME OF DECEAS (Type or Print)

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9579

(Type or Print) JOSEPH H.	MC DO	ONALD OF November 6, 1951
3. FLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admissi
B. FULL NAME OF (If not in hospital or institution, give str		Maryland
HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate mits write RULAL and towns)
Union Memorial Hospital	L .	Baltimore
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
gth of stay in Baltimore	Days	2406 St. Paul Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR Male White married	RCED (Specify)	8. DATE OF BIRTH 9. AGE (in years   f Under 1 Year   Months Days   Hours M   Months Days   Hours M   Months Days   Hours M   Mar   M   M   M   M   M   M   M   M   M
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSING Residual Composition of Composition	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Washington, D. C.  12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Howard McDonald		Mary Pyne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECU	IAL URITY NO.	17. INFORMANT ADDRESS St. Par Mrs. Nellie McDonald-2406 St. Par
18. /= 9 ) /	CAUSE C	OF DEATH INTERVAL BETW
DISEASE OR CONDITION DIRECTLY		ONSET AND DE
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	Gunsho	ot wound of head
injury or complication which caused death.) DUE	го	DESCRIPTION OF THE PROPERTY OF
* ANTECEDENT CAUSES		
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE:	TO	
UNDERLYING CONDITION LAST.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  I  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.		
	S OF OPERA	
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UTING CAUSE OF DEATH.  Cara	JURY (e. g., in	
21A. EXTERNAL CAUSE WAS UNDERLYING MORE OF DEATH.  21B. PLACE OF IN about home, farm, factory, at UTING L. CAUSE OF DEATH.  Carpai	treet, office bldg., etc	
	RY OCCURRE	
OF INJURY WHILE AT	NOT WHILE	
November 6, 1951 A.m. WORK		Desertie 7 Assistance
22. I certify that I took charge of the remains	described ab	Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Insp and death in my opinion resulted from: nat	ural causes	equiry, find that said deceased died on the day stated about $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	м.с	238. CHIEF MEDICAL EXAMINER 230. DATE SIGNED ASSISTANT MEDICAL EXAMINER Nov. 6, 1951
		Y OR CREMATORY 24D. LOCATION (City, town, or county) (Stat
Burial 11/8/51 Ralt	to. Nati	ional Cem! Balto. Md.
DATE RECEIVED BY DEGISTRAT'S SIGNATURE		25 FUNERAL DIRECTOR JADORESS
V S 151		Olympia Control of the Control
VS 151 N - 9534	290	9/ 164= Balto.17, M



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	9580
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

-				-
1.	NAME	OF	DEC	EASED
(T	VDe OF	Print	)	

MARGARET A. MOOYER

DEATH

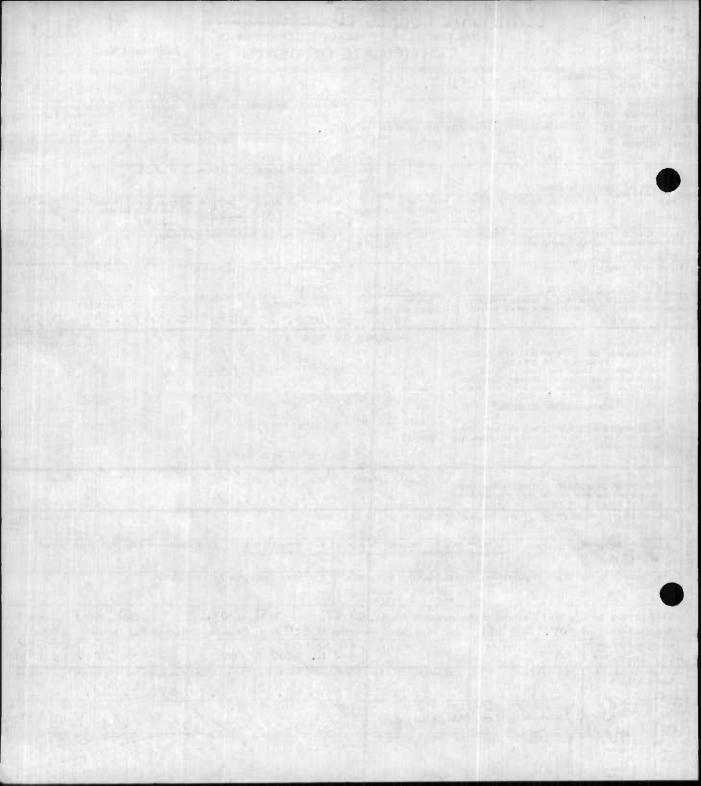
Registered No.

Nov. 5, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2942 Harford Rd. Raltimore D. STREET ADDRESS (If rural, give location) Mos. 2942 Harford Rd. gth of stay in Baltimore 6. COLOR OR RACE 8. DATE OF BIRTH | 87] 9. AGE (in years | | Under | Year 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. female white widowed 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? Housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Nicholas Kress 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or detes of service) ADDRESS SECURITY NO. Mrs. Margaretha Griffith 20 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19a. MAJOR FINDINGS 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK . 1951, toNov. 5 , 151, that I last saw the 22. I hereby certify that I attended the deceased from Jan 27 deceased alive on Nov. 5th, 151, and that death occurred at 6:052 m., from the causes and on the date stated above. 23 SIGNATURE 238. ADDRESS 23c. DATE SIGNED 2 E. Read Street Nov. 6, 1951 24A. BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248. DATE Druid Ridge Cem. Pikesville. Md. Buria.

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY



i to Wed &

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) MRS - JENNIE E. REEVES DEATH NOV. 5. 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write JURAL and give township) INSTITUTION HOSP. FOR WOMEN OF Md BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. 163-9 AISQUITTH ST. c. Length of stay in Baltimore 9. AGE (In year: If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MAR. 3. 1889 MARRIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RILAS GATHRIGHT MARY MARTIN 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT / fundamed ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. JAMES REEVES INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

INJURY

deceased alive on 11- 5, 1951, and that death occurred at 4:10 pm., from the causes and on the date stated above, 23A. SIGNATURE

21A. ACCIDENT, SUICIDE,

24C. NAME OF CEMETERY

22. I hereby certify that I attended the deceased from 11.5.51, 4:00 , to 11.5.51, that I last saw the

Losso. For the women of ryd. 24D. LOCATION (City, town, or county)

23c. DATE SIGNED

20. AUTOPSY?

24A, BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

Ballemore, maryland

(If in Baltimore City, give exact location)

NOT A MEDICAL EXAMINER'S CASE

CHIEF ON ASS T. MEDICAL EXAMINER

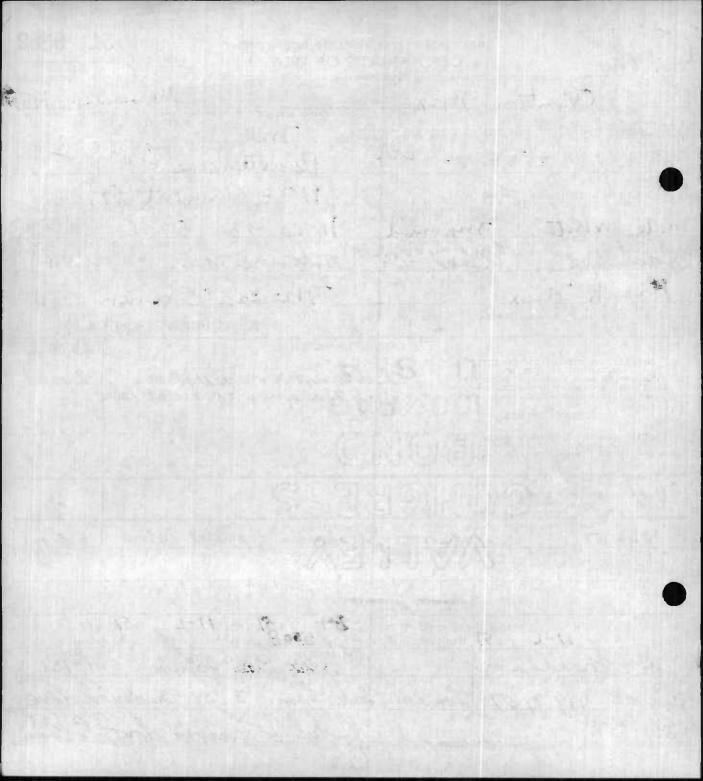
OF THE PROPERTY OF THE PROPER

20° 1 9582

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9582 Registered No.

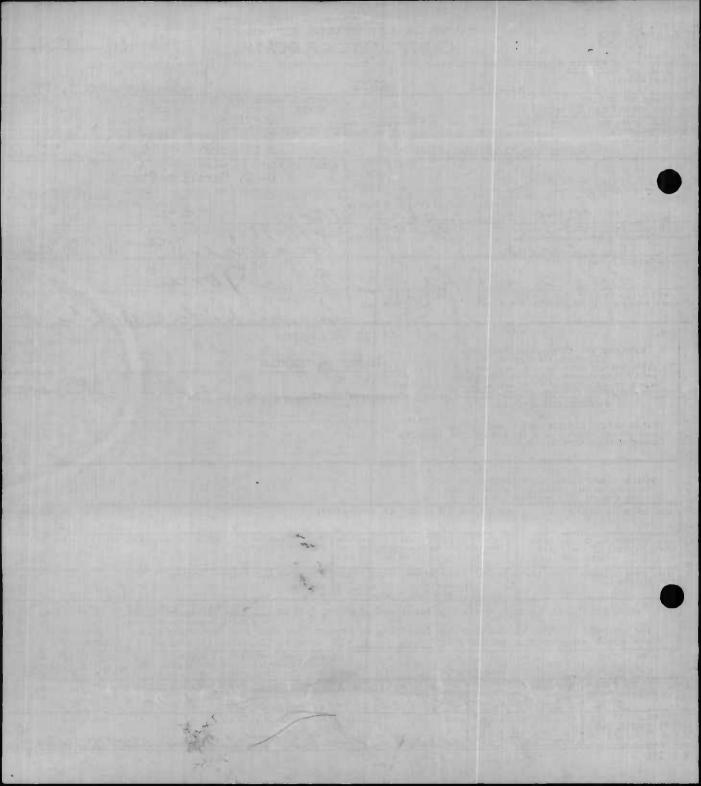
NAME OF DECEASED Type or Print)	2. DATE OF A LOCAL				
Clinton Mix	DEATH Wenter (1)				
B. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)				
FULL NAME OF (If not in hospital or institution, give street address or location)	ma.				
NSTITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RUIAL and give township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
Mos.	1122 ( + C+				
S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under 14 Hours				
mulo Whata WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.				
OA. USUAL OCCUPATION (Give kied of 100. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
Machinest TRY	Baltimore M.d. WHAT COUNTRY?				
3. FATHER'S NAME CURIL PROD (4)	14. MOTHER'S MAIDEN NAME				
Frank min	Thomas Para				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (es, no or onhuowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
(If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL				
18. 193X CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
(This does not mean the mode of dying, e.g., (A)	lastoma multiforme 8 mis.				
heart fullure, asthenia, etc. It means the disease, injury or complication which caused death.)	Lastoma multiforme 8 mos. Thalamus + parietal love				
ANTECEDENT CAUSES					
(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPER	The second of th				
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e.g., ic					
LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., e	INJURY OCCUR?				
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE MORK AT WORK					
22. I hereby certify that I attended the deceased from	351, to 11-6, 1951, that I last saw the				
	red at 550 Bn., from the causes and on the date stated above.				
23A. SIGNATURE 2	3B. ADDRESS HOPKINS HOSPITAL 23C. PATE SIGNED				
M. D.  24a BORIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	RY OR CREMATORY 240, LOCATION (City, town, or county) (Sinte)				
Burial 11/9/5/ London Page	k Lem. 380/ Frederick live				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	254 FUNERAL DIRECTOR				
NOVE TO 1991	John y annan you Holling				
VS 150	540				



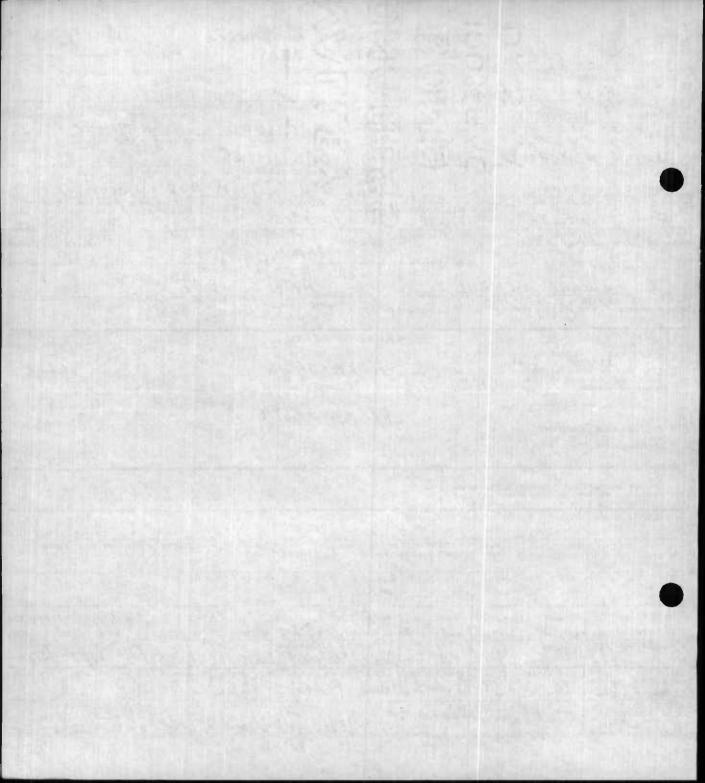
### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 0592

BI	IRTH NO.	CERTIFICATI	E OF DEATH	registered a you	77.7			
	NAME OF DECEASED			2. DATE				
(1	Type or Print) WILLIAM	HICKS		DEATH Novembe	r 5, 1951			
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Whe		tution: residence			
		ution, give street address or	Maryland	B. COUNTY	before admission)			
H	OSPITAL OR ISTITUTION	location)		tside corporate limits w	ite RERAL and give			
11	Johns Hopkins He	ospital	Baltimore	6	township)			
		Yrs.	D. STREET ADDRESS (If rus	ral, give location)				
d	gth of stay in Baltimore	Mos. Days	19 N. Caro	oline Street				
5,	SEX   6. COLOR DE RACE   7. SING	LE, MARRIED.	8. DATE OF BIRTH 9	AGE (In years   If Under				
	Male Colored Wild	WED, DIVORGED (Specify)	muse	last birthday) Months	Days Hours Min.			
	DA. USUAL OCCUPATION (Givekinder 108. KI	ND OF BUSINESS OR	11. BIRTAPLACE (State or fore	igh country)   12.	CITIZEN OF			
Wor	k done during most of working life even if retired)	INDUSTRY	Fam han's a		WHAT COUNTRY			
13	B. FATHER'S NAME	7-7-	14. MOTHER'S MAIDEN NAM	> )   U	sic/			
	7 d d: 11:		5. Op	201	1/			
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16, SOCIAL	- uma you	160				
(Ye	m, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDR	ESS			
_		(	Sarene Hic	Fro 123611 E	dere st			
	18. 49 4	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTL				oner And Death			
	(This does not mean the mode of dying, e.g., (A) Lobar pneumonia							
	heart failure, asthenia, etc. It means the disc injury or complication which caused des	ease, ath.) DUE TO						
	ANTECEDENT CAUSES							
	ATTEGEDENT CAUSES	(B)						
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
F	UNDERLYING CONDITION LAST.	(C)		Harris St.				
RTIFICATION		(0)						
4	OTHER SIGNIFICANT CONDITIONS C	ON.						
R	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE DR CONDITION CAUSING	TED						
CE		R FINDINGS OF OPER	ATION		20. AUTOPSY?			
					YES X NO			
EDICAL		LACE OF INJURY (e.g., in		n Baltimore City, give				
ā	UNDERLYING OR CONTRIB. about hom UTING CAUSE OF DEATH.	e, farm, factory, street, office hidg., e	to.) INJURY OCCUR?					
M	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F, HOW DID INJURY C	CCUR?				
	OF INJURY	WHILE AT NOT WHILE		CCORT				
ı.	m.	WORK LAT WORK L	Dombie	7 Antones				
	22. I certify that I took charge of th	e remains described a	,	al Autopsy th	ereon and from			
	the evidence obtained by said Au	topsy, Inspection or I:	nguiry, find that said decc	eased died on the de	y stated above,			
	and death in my opinion resulted	from: natural causes						
	23A. SIGNATURE	×/-	ASSISTANT MEDICAL EXA	AMINER	6. 1951			
24	AA. BURIAL. CREMA- 248, DATE	M. 24c) NAME DE CEMETER	D. MEDICAL INVESTIGATOR	ATION (City, town, or co				
TIC	ON, REMOVAL (Specify)	hat P. O.	1	100	h- 0			
P	ATE RECEIVED BY REGISTRAR'S SIGNAT	Ty carra	28. FUNERAL DIRECTOR	L. CUD.	DRESS			
IA	CAT REPORTEAR	II A	A STONERAL DINEETOR	ADI	en n H			
	- 1001 Francisco Males ( NO	LAMA, HIM/ TO	at swille	2000/5/5M	Eldery !			
V	S 151	- 65 161			X VI			
		97099		10	8			



	54 RTH NO. 5	81-25837			EALTH DEPARTMENT E OF DEATH	X Registered	51 9584 No.
	NAME OF D ype or Print)		ARNOL	-0		OF OEATH	-30-5-1
Α.	PLACE OF D Baltimore (	EATH: City, Maryland		n, give street address or	4. USUAL RESIDENCE (V A. STATE		f institution : residence before admission)
H	STITUTION	MEMORIA		PITAL		outside corporate limi	its, write RURAL and give township)
		tay in Baltimore	<u> </u>	Yrs. Mos.		rural, give location)  AVE (Du	
5.	SEX	6.COLOR OR RACE		D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	WDALK) Il Under   Year   Il Under 24 Hours   Onths Days   Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND (	GLE OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	1	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME			MARYLAND  14. MOTHER'S MAIDEN N	AME	USA
15		dWARD A			ANN W	EST	
(Yes	, was DECEASI	ED EVER IN U.S. ARMEI (If yes, give wer or date	o FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
IFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) ATELECTASIS  (B) PREMATURITY  OUE TO  OUE TO						3/ hrs
CERTIFIC	TRIBUTING	II IGNIFICANT CONDI I TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLAC about home, far	E OF INJURY (e. g., I m, factory, street, office bldg.,	n or 21C. WHERE DID ()	If in Baltimore City,	give exact location)
Σ	21D. TIME INJURY	(Month) (Day) (Year)	WH	ILE AT NOT WHILE		Y OCCUR?	
	22. I hercb	y certify that I att	ended the d	eceased from 10 -	29 , 19 57, to 1		I, that I last saw the
	23A. SIGNA	live on 10-30	12. DN	sley his	PAR ADDRESS Memoria	l Hospital	23c. DATE SIGNED 10/30/5)
	A. BURIAL, (S)		-51 0	C. NAMES CEMETE	HOLL BO	OCATION (City, town	R, or county) (State)
D'S	TE RECEIVE DCAL REGIST 10V 7 - 1	D BY REGISTRAR	SEIGNATUR VIII	Easter, Mark	25. FUNERAL DIRECTOR	u Daltof	College go
	VS 150		7	103	1.0		159



BI	500 51 95 1 95	185 1-24364	,		EALTH DEPARTMENT E OF DEATH	51 Registered N	9585
	NAME OF D	ECEASED	Baby	Girl Keene		OF Octobe	r 16, 1951
	PLACE OF D Baltimore (	City, Maryland		EMPARISON.	4. USUAL RESIDENCE (V		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION						outside corporate timit	s, write RURAL and give
1	The Joh	ns Hopkins He	ospital		Baltimore	10	township)
c.	Ogth of s	tay in Baltimore	newboi	Yrs. Mos. Days	b. STREET ADDRESS (If		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) H	Under 1 Year   If Under 24 Hours
fe	emale	negro		ngle	Oct. 16, 1951	last birthday) Mo	nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10s. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF
	newborn		(n ev	vborn)	Baltimore, Man	cvland	WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	Geor	ge Keene			Doris Lee (193969(		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(10	om unknown)	(11 yes, give war or date	or service)	SECURITY NO.	Hospital recon		
ICATION	(This does heart failu injury or DISEASE:	E OR CONDITION LEADING TO DEATH OF TO THE ADDRESS OR CONDITIONS. II HE ABOVE CAUSE (A) YING CONDITION LA	TH  If dying, e.  Ins the disea  aused deat  ES  FANY, GIVI  STATING T	8-, (A)	ngenital Ma Microceph Hypoplastic Animalous los	efformation slug adams of fulstim g	
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
1	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.				RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. 21B. FLACE OF INJURY (e. g., in or 21C. WHERE DID (II III DAILIMOTE City, give e)					YES X NO Zive exact location)	
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK AT WORK					OCCUR?	
H	22. I hereby certify that I attended the deceased from Oct. 16, to Oct. 16, that I last saw the						
	deceased alive on Oct. 16, 1951, and that death occurred at 3.35p.m., from the causes and on the date stated above.						
	23A. SISTA	est E. L.	Vesi	It M.D.	The Johns Hopkin	ns Hospital	10/29/51
24	AA. BURIAL.	CREMA- 24B. DATE	•	24C NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)

25. FUNERAL DIRECTOR

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

NOV 7 - 1951

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ADDRESS

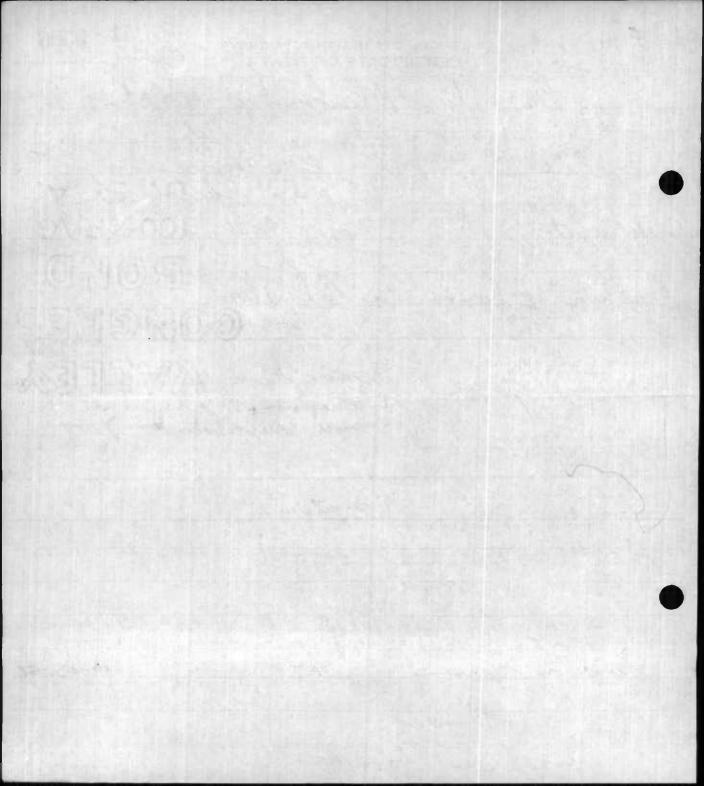
Contraction Tolantiles or live 

BALTIMORE CITY HEALTH DEPARTMENT	3586					
BIRTH NO. 51 - 24313 CERTIFICATE OF DEATH Registered	d No.					
1. NAME OF DECEASED Bay Jul Blankenship 2. DATE OF DEATH OF	t 24,1951					
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived.  A. STATE  COUNTY	If institution : residence before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location)  OHNS HOPKINS HOSPITA  C. CITY OF TOWN (If outside corporate in address or location)	nits, write-bUFAL and give township)					
c. Length of stay in Baltimore  Yrs. O. STREET ADDRESS of rural, give location)  Days // O & Carroll	. St					
5. EX   6. COLOFT OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years last birthday)   10- 18-5/	Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  INDUSTRY	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
15. Was Deceased even u. s. AMED FORCEST 16. SOCIAL 17. INFORMANT	ADDRESS					
Yes, no or unknown) (If yes, give war or dates of service) SECURITY/NO. WHYS HOPKINS HOSPITA	L					
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  CAUSE OF DEATH  Supplication due to	INTERVAL BETWEEN ONSET AND DEATH					
UNDERLYING CONDITION LAST, (C)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City CAUSE OF DEATH	y, give exact location)					
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 10/18, to 10/24, 1951, that I last saw the						
deceased alive of 24, 19, and that death occurred at m., from the cause's and on 23A. SIGNATURE 23B. ADDRESS 30HNS HOPKINS HOSPITAL	23c. DATE SIGNED					
24A. BURIAL, CREMA- 24B. DATE 24C. MANE OF CEMETERY OF CREMATORY 24D. LOCATION (City, to TION, REMOVAL (Specify)						
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS					

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Hospital Disposal



5.2	5	
DI BIRTH NO.	95,87 25258	
BIKTH NO.	71-2/2/	

17 4587	E OF DEATH Registered No.	)
1. NAME OF DECEASED (Type or Print) Baby Girl Johnson	2. DATE OF DEATH Octobe	r 17 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR 1724 E. Preston St. — 13 location)  (The Johns Hopkins Hospital DOA)	4. USUAL RESIDENCE (Where deceased lived. If in a. STATE B. COUNTY	stitution: residence before admission)
c. Ogth of stay in Baltimore newborn Mos. Days  5. SEX   6. COLOR OR RACE   7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Single	D. STREET ADDRESS (If rural, give location)  1721 E. Preston Street - 13  8. DATE OF BIRTH 9. AGE (In years) If the	nder I Year   If Under 24 Hours ths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooeduring most of working life, even if retired)  (infant)  (infant)  (infant)  Paul Johnson	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoows)  (If yes, give war or dates of service)  SECURITY NO.	Johns Hopkins Hospital records	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ematusits rature duset g Labor.	ONSET AND DEATH
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from Oct. deceased alive on Oct.  23A. SIGN TUPE  24A. BURIAL. CREMA- 110N, REMOVAL (Specify)  24B. DATE  24C, NAME OF CEMETE	21f. HOW DID INJURY OCCUR?  17 ,1951, to Oct. 17 ,1951, tred at 6.30p.on., from the causes and on the 23g. ADDRESS  The Johns Hopkins Hospital	that I last saw the date stated above. 23c. DATE SIGNED. 10/29/51
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
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THE THE PARTY OF T VIDE Jatt me toleren on of well we amfore Juried Andrew A. C. Commission of the Commission of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH -25247 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Cohen DEATH October 20, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RERAL and give INSTITUTION township The Johns Hopkins Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) newborn 2533 Greenmount Avenue - 18 agth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED DIVORCED (Specify) single Oct. 20, 1951 female white 9 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ralph Cohen Ida Agnes Blumberg (JHH 582666) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Hospital records 18. CAUSE OF DEATH INTERVAL BETWEEN Prematurity (anopia)
Premature Orbit of labor
MONE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK

TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-24B. DATE

REGISTRAR'S SIGNATUR

M. O.

The Johns Hopkins Hospital

25. FUNERAL DIRECTOR

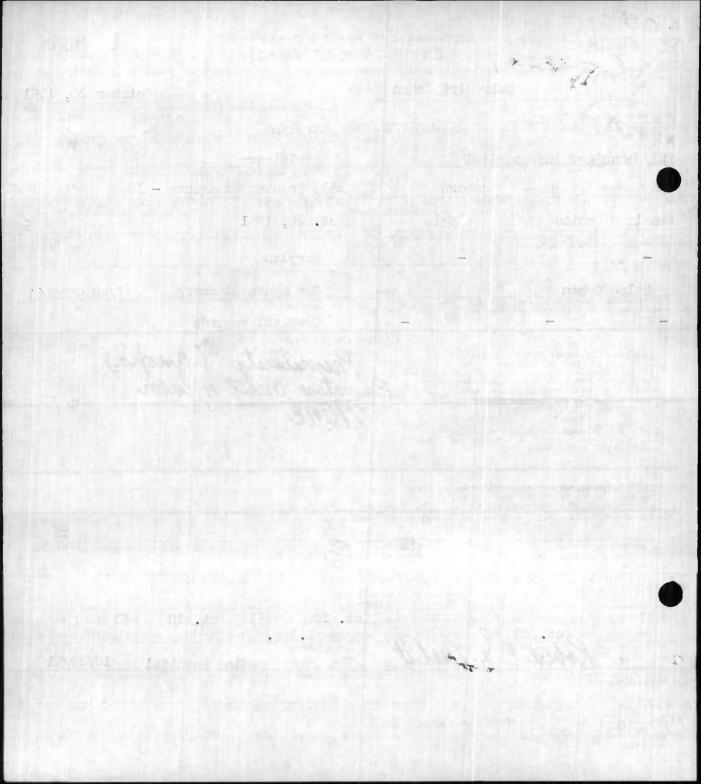
22. I hereby certify that I attended the deceased from Oct. 20, 1951 to Oct. 20, 1951, that I last saw the deceased alive on Act. 20, 1951. and that death occurred at 2, 30p an., from the causes and on the date stated above, 23B. ADDRESS

23c. DATE SIGNED

24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county)

ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 51-25429 2. DATE (Type or Print) Baby Boy Blackwell "A"-Delores 10-29-51 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give a HOSPITAL OR Baltimore City Hospitals Maryland (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL) and give 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 1430 Belvedere Street gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | Months: Days | Hours | Min. 7. SINGLE, MARRIED If Under 24 Hours WIDQWED, DIVORCED (Specify) Oct. 29, 1951 Male Negro ingle 10A. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Blackwell Delores Robinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. ecords: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Prematurity (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY

19A. DATE OF OPERATION \_ 198, MAJOR FINDINGS OF OPERATION

YES A 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

218. PLACE OF INJURY (e. g., in or ) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE!

AT WORK L WORK

22. I hereby certify that I attended the deceased from 10-29 . 1951, to 10-29 , 151, that I last saw the

10-29, 1951, and that death occurred at 2:454m., from the causes and on the date stated above, deceased alive on 23A. SIGNATURE

23B. ADDRESS 4940 Eastern Avenue 23c. DATE SIGNED 10-31-51

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 10-31-51 Gremation

Yolliament Minis

B. C. H. Crematory

24C. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore, Maryland

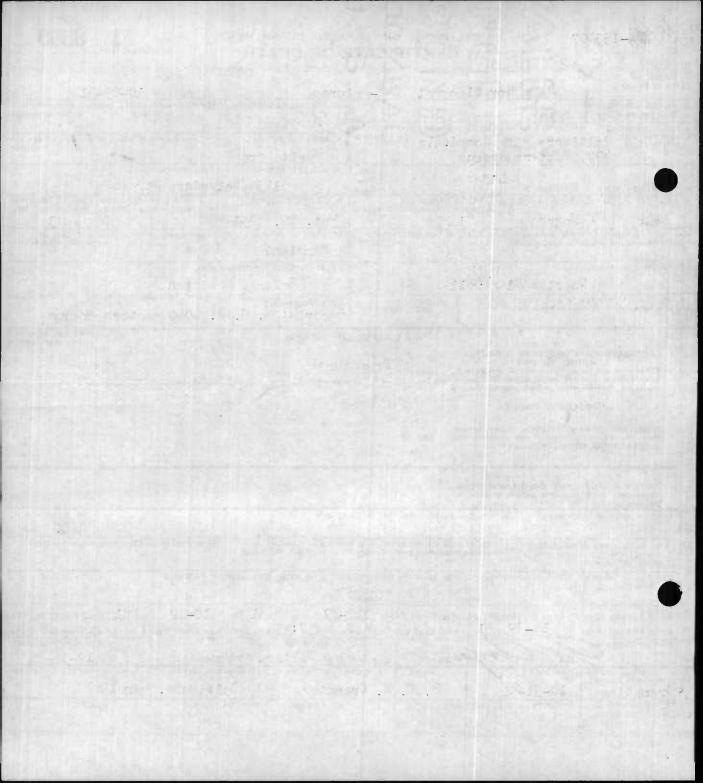
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

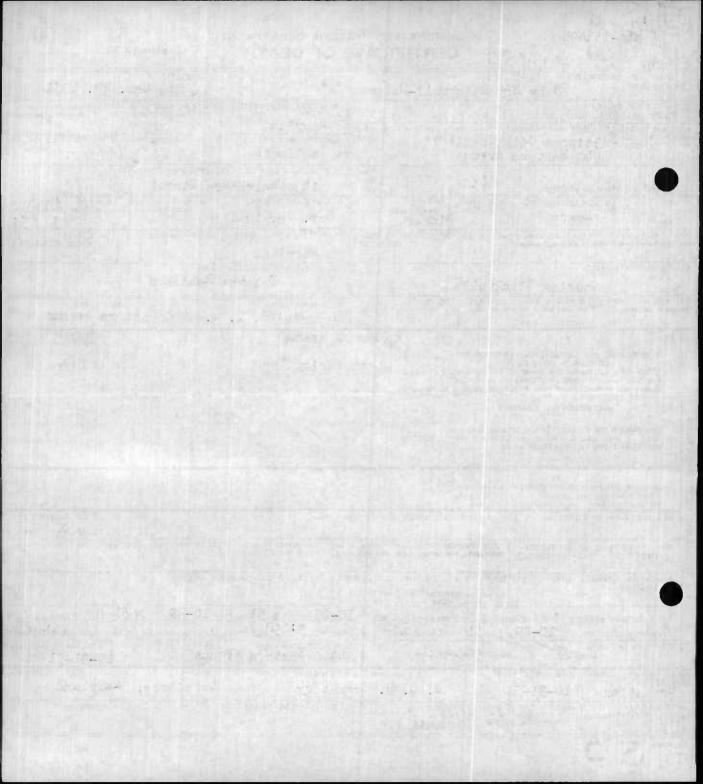
25. FUNERAL DIRECTOR

**ADDRESS** 

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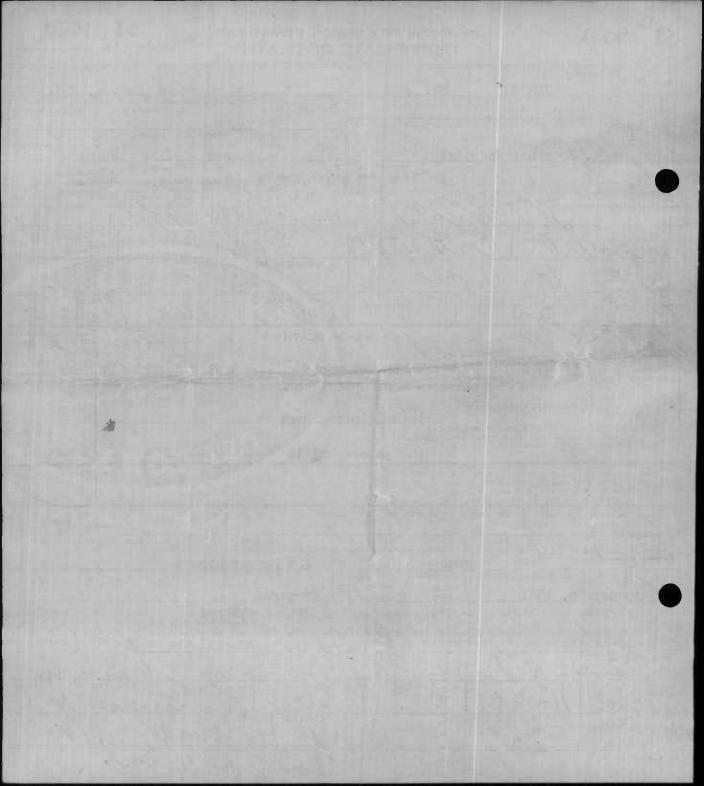


42 HA 153498 BALTIMORE CIT 51 NO. 9590 - 25430 CERTIFIC		TH DEPARTME	:NT Registere	51 9590 d No.	
1. NAME OF DECEASED (Type or Print) Baby Boy Blackwell_Del	ores "	Bu	2. DATE OF DEATH	29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street ad	A.	. USUAL RESIDENCE STATE Maryland		If institution: residence before admission)	
		Baltimore	(If outside corporate li	mits, write RURAL and give township)	
c. Life	Yrs. D. Mos. Days		(If rural, give location dere Street		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED Single	(Specify) 8.	Oct. 29, 195	9. AGE (in years last birthday)	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)	OR 11	. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Charles Blackwell	14	14. MOTHER'S MAIDEN NAME Delores Robinson			
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	y NO. R	. INFORMANT	. H. 4940 Eas	ADDRESS tern Avenue	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	ION		20, AUTOPSY?		
22. I hereby certify that I attended the deceased from deceased alive on 10-29, 19-51, and that death 23A. SIGNATURE	CCURRED OF WHILE OF WHILE OF WORK  10- h occurred 238.	at 3:45Pm., fr ADDRESS 40 Eastern	JURY OCCUR?  0. 10-29, 19  om the causes and of	51, that I last saw then the date stated above 23c. DATE SIGNED 10-31-51	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF C TION REMOVAL (Specify) 10-31-51 B. C. H			Baltimore,	Maryland (State)	
DATE RECEIVED BY DOCAL REGISTRAR S SIGNATURE NOV 7 - 1951	25	FUNERAL DIRECT	TOR	ADDRESS	



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51	9591

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  St. Joseph's Hospital  Yrs. Mos. Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WHOWED, DIVERCED (Specify)   Male   Colored   Maryland   Maryland   Maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   Maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outside corporate limits, write in the maryland   C. CITY OR TOWN (If outs	ORAL and give township)  If Under 24 Hours Hours Min.
Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION  St. Joseph's Hospital  Tyrs. Death of stay in Baltimore  St. G. COLOR OR RACE  To A. USUAL RESIDENCE (Where deceased lived, If institution institution, give street address or location)  Tyrs. Death Nov. 4. 1  4. USUAL RESIDENCE (Where deceased lived, If institution is country)  A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write is limited in the country)  D. STREET ADDRESS (If rural, give location)  Tyrs. Death Nov. 4. 1  4. USUAL RESIDENCE (Where deceased lived, If institution is country)  A. STATE  Baltimore  C. CITY OR TOWN (If outside corporate limits, write is limited in the country)  D. STREET ADDRESS (If rural, give location)  Male  Colored  Colored  Colored  102. USUAL OCCUPATION (Givekind of lobe, KIND OF BUSINESS OR INDUSTRY)  103. USUAL OCCUPATION (Givekind of lobe, KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. CITI WHA	i residence fore admission)  RAL and give township)  Il Under 24 Hours s Hours Min.
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  St. Joseph's Hospital  C. CITY OR TOWN (If outside corporate limits, write it)  Baltimore  St. Joseph's Hospital  O. STREET ADDRESS (If rural, give location)  Mos. Days  D. STREET ADDRESS (If rural, give location)  Mos. Days  St. Joseph's Hospital  O. STREET ADDRESS (If rural, give location)  Mos. Days  Male  Colored  Colored  Olored	i residence fore admission)  RAL and give township)  Il Under 24 Hours s Hours Min.
B. FULL NAME OF (If not in hospital or institution, give street address or location)  St. Joseph's Hospital  St. Joseph's Hospital  Yrs. Mos. Days  S. SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDWELD, DIVERCED (Specify)  Male Colored  10A. USUAL OCCUPATION (Givekind of working life, even if retired)  WHAT THE PROPERTY OF THE PROPERT	township)  If Under 24 Hours  Klours Min.
St. Joseph's Hospital  Yrs. Mos. Days  C. Ogth of stay in Baltimore  St. Joseph's Hospital  Yrs. Mos. Days  D. STREET ADDRESS (If rural, give location)  125 Heaver Street  S. SEX G. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVERCED (Specify)  Male Colored  10A. USUAL OCCUPATION (Givekind of Workload of Workload Guring ment of workload Gur	M Under 24 Hours s Hours Min.
C. Ogth of stay in Baltimore  Street	Hours Min.
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVERCED (Specify)  Male Colored  Colored 108, KIND OF BUSINESS OR INDUSTRY  Work done during must of working life, even if retired)  11. BIRTHPLACE (State or foreign country)  WHA	Hours Min.
TOA. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR IVDUSTRY)  Work done during most of working life, even if retired)  WHA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SECURITY NO. LOTALLY OSCIAL SECURITY NO.	5 of
18. E 98/X, CAUSE OF DEATH	RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  Bullet wound of chest with destruction over of spinal cord	
ANTECEDENT CAUSES	
(B) Multiple abscesses	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THEDUE_TO UNDERLYING CONDITION LAST.	
(c) Pyelonephritis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C) Pyelonephritis  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, atreet, office bldg., etc.)  1 21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, atreet, office bldg., etc.)  1 21c. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?)  1 21b. PLACE OF INJURY (e. g., in or UNDERLYING TO OCCUR?)  1 425 Heaver Street	location)
2 15. THE (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
Alignest 26, 1951 m. WHILE AT NOT WHILE AT WORK Y Firearms	
August 26, 1951 m. WORK Firearms  22. I certify that I took charge of the remains described above, held an autopsy thereo	on and from
August 26, 1951 m. WORK Firearms	tated above,
August 26, 1951  m.   WORK   Firearms  22. I certify that I took charge of the remains described above, held an autopsy thereof Autopsy, Inspection or Inquiry, find that said deceased died on the day said Autopsy, Inspection or Inquiry, find that said deceased died on the day sand death in my opinion resulted from: natural causes   , accident   , suicide   , homicide   , undeterm   23A. STANATURE  23B. CHIEF MEDICAL EXAMINER	tated above,
August 26, 1951  m. Work Firearms  22. I certify that I took charge of the remains described above, held an autopsy thereof the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day so and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeterm  23A. STANATURE  23B. CHIEF MEDICAL EXAMINER	tated above, sined
August 26, 1951  m.   WORK   Firearms  22. I certify that I took charge of the remains described above, held an autopsy therew Autopsy, Inspection or Inquiry, find that said deceased died on the day sand death in my opinion resulted from: natural causes , accident , suicide , homicide   mandle to the day sand death in my opinion resulted from: natural causes , accident , suicide , homicide   mandle term   23A. STENATURE  23A. STENATURE  ASSISTANT MEDICAL EXAMINER	tated above, tined
August 26, 1951  m. Work Firearms  22. I certify that I took charge of the remains described above, held an autopsy thereof the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day so and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeterm  23A. STANATURE  23B. CHIEF MEDICAL EXAMINER	tated above, tined



1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

BIRTH NO

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

JENNIE WEISSMAN

51 9592

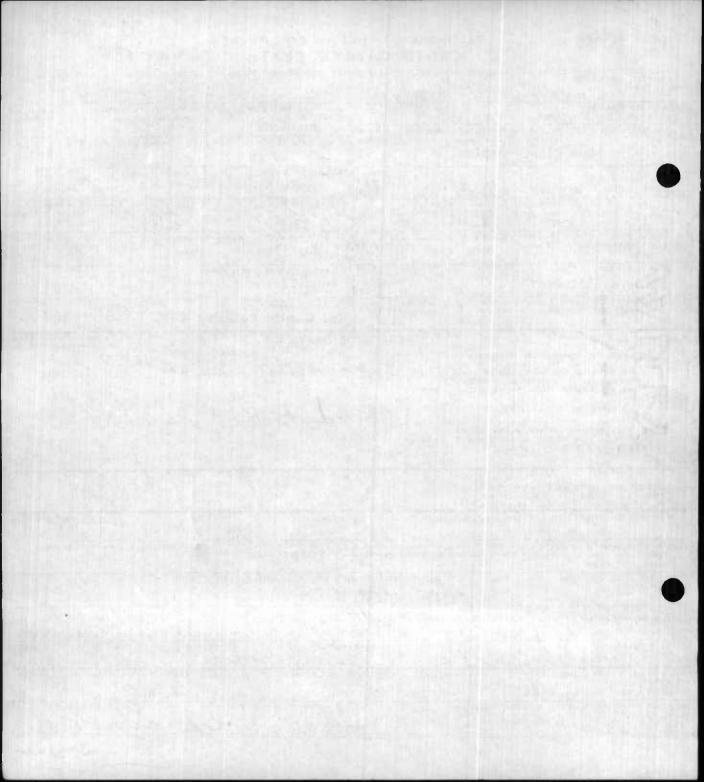
11-7-51

Registered No.

2. DATE OF DEATH

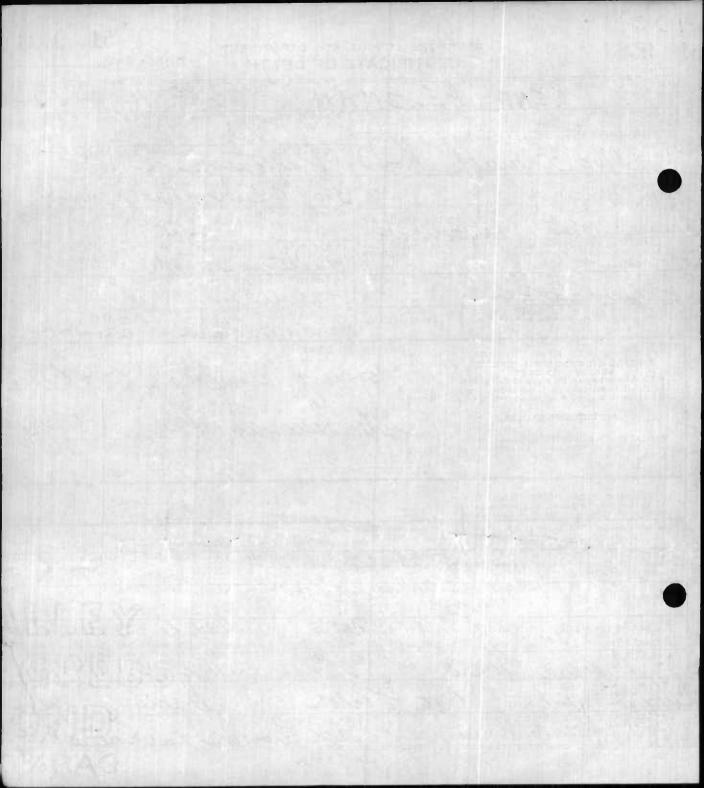
4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. J	Baltimore (	ity, M	aryland			A. STATE	3	B. COUNTY	before admission)
	TULL NAME	OF (	If not in hospi	tal or institu	tion, give street address or	Maryla			
	SPITAL OR	6773		17 7 1	loeation)	C. CITY OR TO	WN (If	outside corporate limi	ts, write RURAL and give
10		Th	e Sinai	Hospit	al	Baltime	ore		township)
c. ]	Length of st	tay in	Baltimore	48 y	Yrs. Mos. Days			rural, give location) rrison Avenu	e 27-18
5. 9	SEX	6.COL	OR OR RACE		E. MARRIED,	8. DATE OF BIF	RTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	WF		W	MID	WED, DIVORCED (Specify)	1888		last birthday) Mo	onths Days Hours Min.
ork,	USUAL OCI doce during mosto lousewill	f working	ON (Give kind of life, even if retired)	1	nome industry	11. BIRTHPLACE		reign country)	12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S N	IAME				14. MOTHER'S	MAIDEN NA	AME	
	bernar	d Mil	ler			Anna ??			
15. Yes,	WAS DECEASE no or unknown)	D EVER (If yes	IN U. S. ARME , give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		man-3620 W.	Garrison Ave.
T	18. 4	0 0			CALISE	OF DEATH			INTERVAL BETWEEN
1	1 / 1	0.0	CONDITION	DIDOCTIV		OF DEATH			ONSET AND DEATH
		LEADI	CONDITION NG TO DEA	TH	6. 0.	o vascula		1. V	
	(This does heart failu:	not me re. asthe	an the mode nia, etc. It mes	of dying, e.		a vascula	er acc	caent	
	injury or	complie	ation which	caused deat	h.) DUE TO				
		ANTEC	EDENT CAU	SES	M. 0/	1 1.	11.	17.	
DISEASES OR CONDITIONS, IF ANY, GIVING  (B) Historicalistic Heart Risease									
2	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
1	UNDERLYING CONDITION LAST.								
<u> </u>									
	OTUED 6	Churi	II COMP	ITIONS					
	TRIBUTING	TO THE	CANT COND	NOT RELAT	ED				
۱ ا			OR CONDITION						
j	19A. DATE O	F OPER	RATION	19B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY7
-  ל				1 01- 01	ACC OF INLINE	1 210 144500	- DID (II	Circ Pality City	YES NO X
מון	LYING OF	CONT	AS UNDER. RIBUTING	aboot home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	o or 21c. WHERE	CUR?	f in Baltimore City,	give exact location)
	210. TIME (	Month)	(Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW D	INJURY	OCCUR?	
	INJURY			m.	WHILE AT NOT WHILE				
-	22 I hamah	v agusti:	for them I and			7 7 - 5/ 10	/4- 1	1-7 104	I, that I last saw the
	deceased al		1/-7	tenaca the	aeceasea from C	med at //! 000		, 19	z, that I last saw the he date stated above.
-	23A. SIGNAT	_		_, 19_4.		3B ADDRESS	m., from th	ie causes and on t	23c. DATE SIGNED
1	Ol.	M.	Thre	woon 1	Kh M.D.	Imai	Ho put	tal	11-7-5-1
24/	A. BURIAL, C	REMA	24B, DATE		24c. NAME of CEMETE	RY OR CREMATOR	RY 2/40. LC	OCATION (City, town	, or eounty) (State)
101	Burial	pecity	11/8/51		Hebrew Young	Mens	Ba1	timore, Mary	lond
	TE RECEIVE		REGISTRAR	S SIGNATI		25 FUNERAL D		owner of mery	ADDRESS
10	CAL REGISTI	RAR	head design	A 14/11	CONSSA, AC	V 12 V	6	3002-1124-7	Luc Mente
183	DA O	7	Carrier St. 81	41.111	1.15	our one	won'	mos -11-4.	L. W. WELL
	VS 150		200			100	C	no.	anenne
						0		73	9



51 9593

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution give street address or HOSPITAL OR location If outside corporate limits, INSTITUTION D. STREET Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last hirthday) | Months Days Hours | Min. navuer 10A, USUAL OCCUPATION (Givekinder 108. KIND OF BUSINESS OR RTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? Youse wes MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. 18. CAUSE OF INTERVAL BETWEEN 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 100 6 , 1951, to 100. 1, , 195 that I last saw the 22. I hereby certify that I attended the deceased from. 18.7, 1901, and that death occurred at 10 P. m., from the causes and on the date stated above. deccased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 240 NAME OF CEMETERY (State) RECEIVED BY 5. FUNERAL DIRECTOR DDRESS



1	135	
11 1		E OF DEATH Registered No. 9594
(T	Type or Print) MURRAY GOLDMAN	2. DATE. OF DEATH 11-7-51
Α.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION  (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c.	Vrs. Mos. Days	D. STREET ADDRESS / (If rural, give location)  Manhattan Towers
5. M	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years II Under I Year II) Under 24 Hours Min.  10. Min. Min.
1C wor	A. USUAL OCCUPATION (Give kind of the kind	11. BIRTHPLACE (State or foreign country)  REW FORK Texts  WHAT COUNTRY?
J	Hyman (1)	Frances 1
(Ye	(If yee, give war or dates of service)  (If yee, give war or dates of service)  (If yee, give war or dates of service)	David Goldman- 1305 Maryland an
	DISEASE OR CONDITION DIRECTLY	OF DEATH  ON DEATH  ON SET AND DEATH
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	NANT HYPERTENSION Years

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

BENIEN PROSTATIC HYABRIROPHY 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPS

19A. DATE OF OPERATION ONE

218. PLACE OF INJURY (e. g., in or

21c. WHERE DID INJURY OCCUR?

YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

21p. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE WHILE AT WORK

deceased alive on 11-

22. I hereby certify that I attended the deceased from\_

195! that I last saw the 19 1. and that death occurred at 2 15 P.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

CREMA-

248, DATE

NAME OF CEME CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

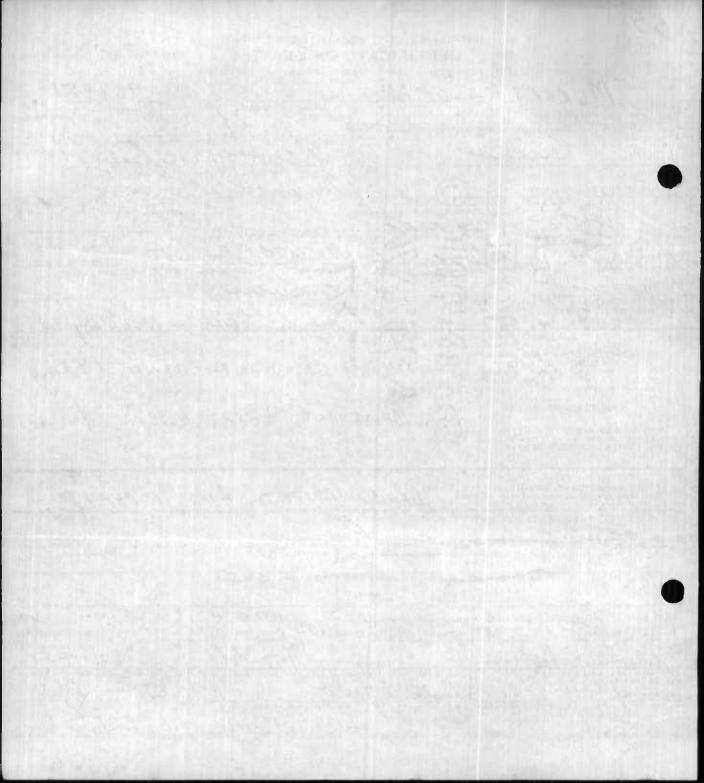
CERTIFIC,

MEDICAL

REGISTRAR'S SIGNATURE

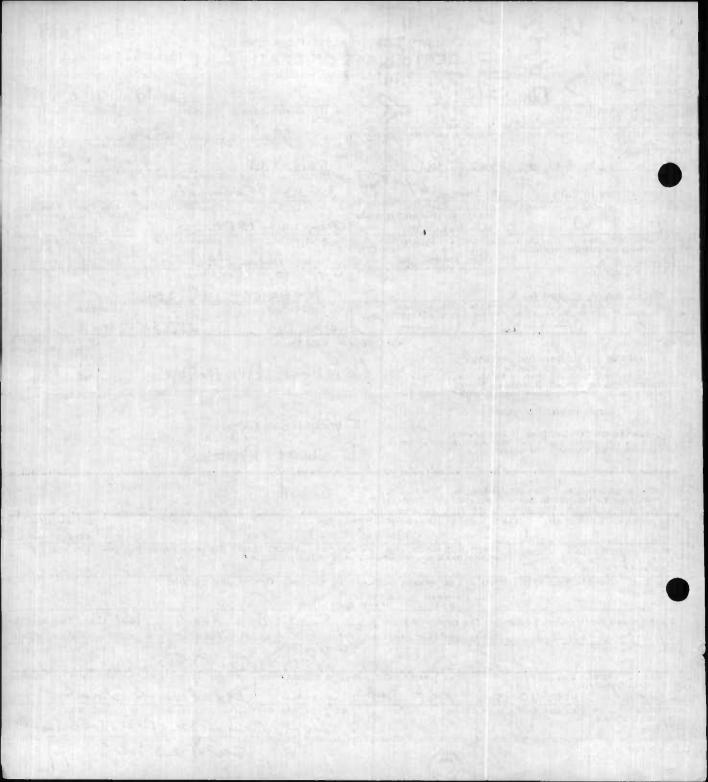
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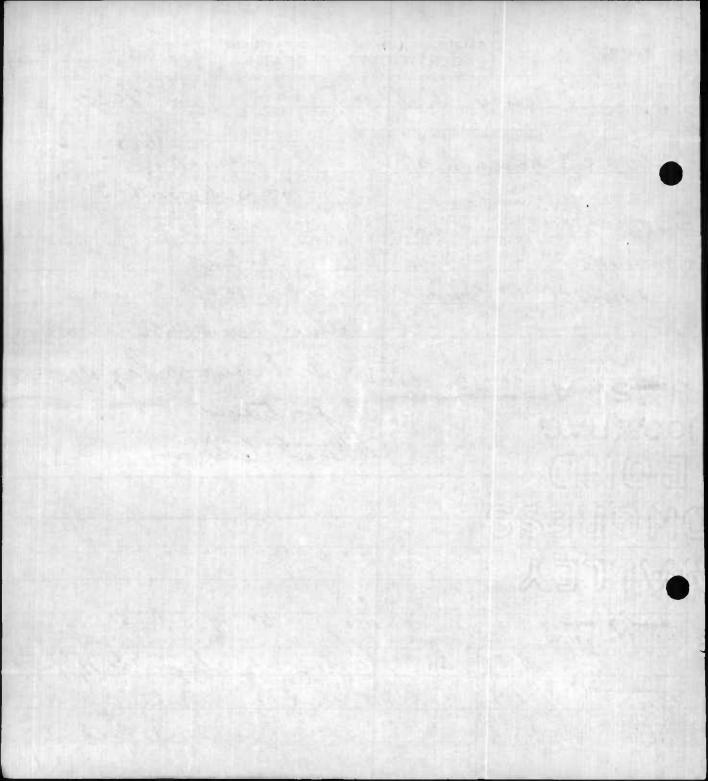
Registered No.\_\_\_

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF No. 7
3. PLACE OF DEATH:	DEATH   VOV.   19 3
A. Baltimore City, Maryland U	A. STATE B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Universal laspidal	Rold-Md. 3-00 township)
197 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	3533 Mesurak Rol
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years If Under I Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of) 10B. KIND. OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired)  INDUSTRY	MAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Lach	D-L OIL
15 WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknnwn) (If yes, give war nr dates nf service) SECURITY NO.	Dausner 3533Keswick Rd
18. 33/x gard 2/1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	erebrol Hemorrhose & day
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	3 yperdensing
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	) = a Lorent Maller
(C)	
OTHER SIGNIFICANT CONDITIONS Of A	/ 01/
OTHER SIGNIFICANT CONDITIONS CON-	sellitus
TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in LyING OR CONTRIBUTING about home, farm, factory, street, office hidg., e	
CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Nov	red at 939 A.m., from the causes and on the date stated above.
deceased alive on Nou 7, 1951, and that death occur	rred at 47 A.m., from the causes and on the date stated above.
1 Kingle	1 ment / Tooks 11-2-51
24A. BURIAL, CREMA: 24B. DATE VAC. NAME OF CEMETE	
Burial (Specify) nov. 10-1957 Mr. Bion	Cem Freeland mod
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10V8-1951	Ses. X. Beyon Jo 1512 Hallingt
VS 150	Balls 23 Ind 11
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Registered No. 9596

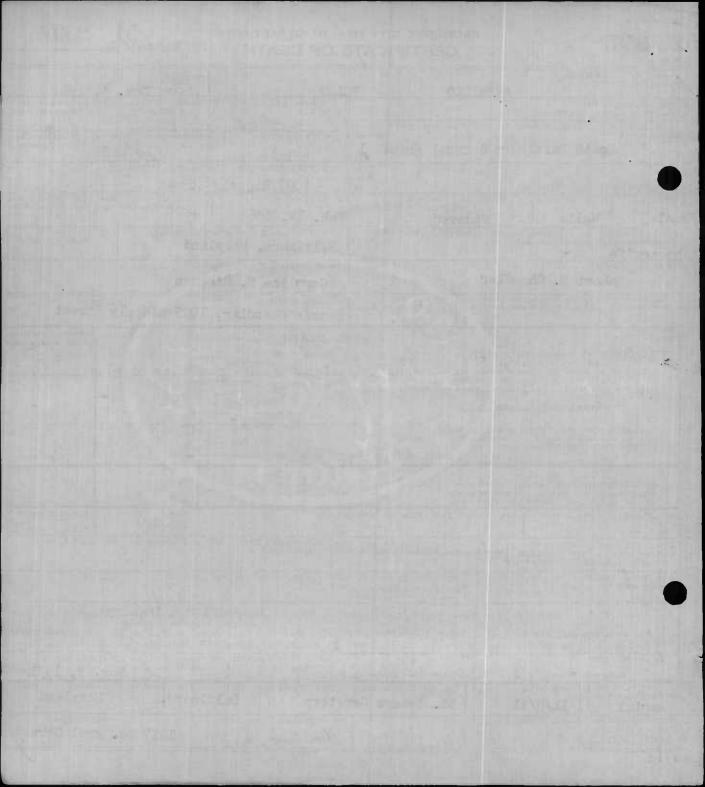
BIRTH NO.	E OF BEATH
1. NAME OF DECEASED (Type or Print) Mary a. Lins	2. DATE OF DEATH 11/6/51
3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	
INSTITUTION 103 S. Kossuth st.	Balto township)
Yrs.	D. STREET ADDRESS (lf rural, give location)
c. Length of stay in Baltimore Mos. Days 5. SEX 6. COLOR OR RACE 1.7. SINO! 5. MARRIETT	103 S. Kussuth J.
Famula White Widowed	8. DATE OF BIRTH 9. AGE (In years   Il Under 1 Year   If Under 24 Hours   Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Incland
Daniel Di Comment	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Wildred E. Bray 2014. 5th am Brooklyn
18. 331X , CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	In he ala Idamera had as la come
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	10/23.3/
ANTECEDENT CAUSES	Rypertiness
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	lun Soliran
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g.,	n or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	
b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 1	12, 193, to 19, 193, that I last saw the
deceased alive on 11/4, 19-5, and that death occur	rred atm., from the causes and on the date stated above.
Shall Outer M.D.	2145W/ Dalleme d 11/7.59
24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETE	
	edral Balto, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS  Will Cook Inc (217 St. Pan & st.
VS 150	do
	832



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# BALTIMORE CITY HEALTH DEPARTMENT 51 9597

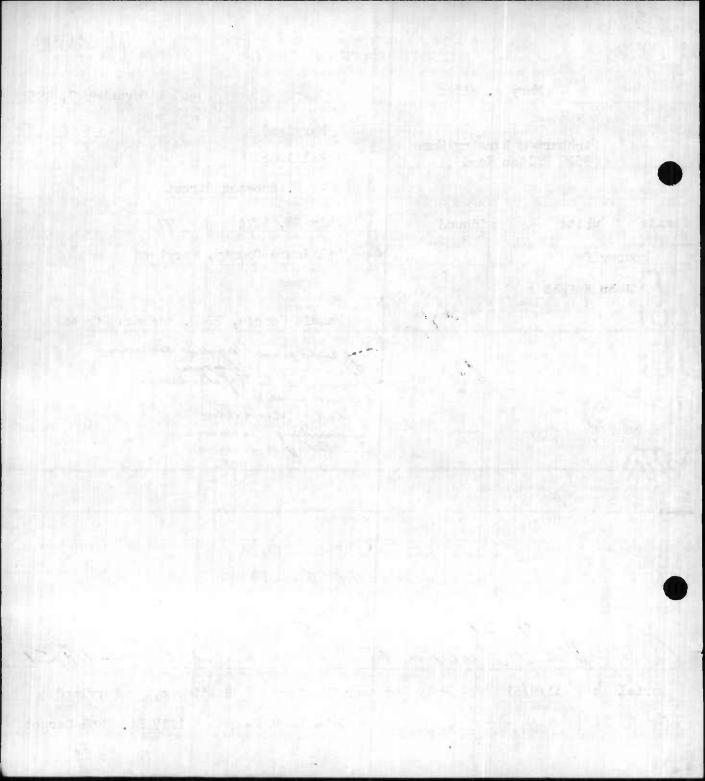
3,1	. 358	7		CERTIFICAT	E OF DEAT	Н	Registere	d No	301
	RTH NO.	POP A OPP					2 DATE		
	NAME OF D	ECEASED	ATTAINTT		TIT DA		2. DATE OF	- 5 70	262
	PLACE OF D		AVARILI	LU I	ULDA    4. USUAL RESIDE	ENCE (Wh		. If institution	
		City, Maryland	al an institut	ion give street address or	A. STATE Maryla	nd	B. COUNTY	be	fore admission)
HO	SPITAL OR			ion, give street address or location)	c. CITY OR TOWN		utside corporate li	mits, write R	
INS	STITUTION	South Baltimo	re Gene	eral Hospital	Baltimo	ro	4	-66	township)
7				Yrs.	D. STREET ADDRE		ral, give location	)	
C.	nigth of s	tay in Baltimore		Mos. Days	1007 Ri	dgely	Street		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)		Hours Min.
Fen	nále	White	Wido		Feb. 13, 186		83		1 1 1
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (S				IZEN OF AT COUNTRY?
	ousewif				Baltimore,				
13.	FATHER'S		- FF		14. MOTHER'S MA				
		obert H. Chan			Caroline				
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Bessie Chan	dler,	1007 Ridge	ADDRESS Ely Stre	et
ERTIFICATION	heart fail injury or DISEASE RISE TO UNDERL	s not mean the mode ure, asthenia, etc. It men complication which ANTECEDENT CAUSES OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION L.	ans the disearcaused death SES IF ANY, GIVII STATING TO	Se, h.) DUE TO  (B)  NG HE DUE TO  (C)	oscleraticca	rclova	ischtar di	sease	
CEF	TO THE D	SEASE OR CONDITION	CAUSING	IT				1	AUTODOVA
	19A. DATE	OF OPERATION 1	198. MAJOR	FINDINGS OF OPER	KATION			YES	AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS IG   OR CONTRIB- CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., i farm,factory,street, office bldg.,	etc.) INJURY OCCU	R?	in Baltimore Cit		
Σ	21D. TIME	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY	OCCUR?		
	22. I certi	fy that I took char	rge of the	remains described	above, held an ir	nspecti	ion & inqu	iry there	on and from
	the ev	idence obtained bu	said Auto	opsy, Inspection or from: nutural cause	Inquiry, find that	Autopsy, In said dec	eased died on	the day s	stated above,
	23A. SIGNA		(10		238. CHIEF ME ASSISTANT ME MEDICAL INV	EDICAL EX	AMINER	Nov. 5	SIGNED
24	A. BURIAL.	CREMA- 248 DATE	- / 🗀	24c. NAME OF CEMETE	RY OR CREMATORY	240. LO	CATION (City, to	wn, or county	y) (State)
110	burial	11/8/51		St. Peters Ce	metery	Balt	imore,	Mary	yland
	TE RECEIVE		'S SIGNATU	JRE	25. FUNERAL DIR	ECTOR		ADDRE	
N	OV 8 - 1	951	Water H	Velliance ec	Nm. Cook,	mc.	1217 8	st. Paul	1 Street/
V	S 151			7/7				a.	2)
								10	//



# BALTIMORE CITY HEALTH DEPARTMENT

51 9598

)1	RTH NO.	8		CERTIFICAT	E OF DEATH	H Regis	stered No.		
1.	NAME OF D		A. Fit	tez		2. DATE OF	November 7, 1951		
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased	l lived. If institution : residence		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit Ashburton		ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits write RURAL and give				
		3520 Hilto			Baltimore	U	township)		
				Yrs. Mos.		SS (If rural, give loc	ation)		
	Length of s	tay in Baltimore	2 61161	Days	11	son Street	St. H. de J. Verry I. M. H. de St. Hamm		
	emale	white	widow	E, MARRIED, VED, DIVORCED (Specify)	July 28, 187	last birth	years If Under 1 Year I Under 24 Hours Aday) Months Days Hours Min.		
1C worl	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country	WHAT COUNTRY		
13	nous FATHER'S	ewife NAME			14. MOTHER'S MA		ina		
	Jol	hn Knight			Agnes	IDEN NAME			
15 (Ye	e, no pr unknown)	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
					Maudie Georg	ge, 22 N. Kre	sson Street		
ERTIFICATION	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING	ire, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LAST ON THE DEATH, BUT SEGASE OR CONDITION THE DEATH, BUT SEGASE OR CONDITION	eaused death	N. ED	Maudie Georg  OF DEATH  (followers)  (ore celes)  Nol-New  ortenifosis	atim uma hori			
C				FINDINGS OF OPER	RATION		20. AUTOPSY?		
A							VES NO		
IEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21C. WHERE D		re City, give exact location)		
Σ	ID. TIME	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?			
-	22 I hereb deceased a	y certify that live on	ended the	deceased from and that death occur	rred at 5, 30 m.,	from the pauses a	, 1, that I last saw th nd on the date stated above		
	234. SYDHA	Fettell J.	Mu	expossi !	23B. ADDRESS	8. Cess	lac 1/8 51		
TI	on REMOVAL (S	11/9/5	1	24c. NAME OF CEMETE Holy Redeemen	r Cemetery	Baltimore,	Maryland		
	ATE RECEIVE OCAL REGIST		S SIGNATU	Liquis MJR	Wm. Cook. &		St. Paul Street		
	VS 150	- 6			9.50	()	937		



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DIDTI	NIO

J.J.	RTH NO.		CER.	TIFICATI	E OF DEAT	H R	egistered No	
1.	NAME OF D	TRANK	A. SCHL	EICHL	E R	2. DAT OF DEA	nav	7-1951
A.	PLACE OF D Baltimore (	City, Maryland	LUTHERAN Dital or institution, give	HOSP.	4. USUAL RESIDI	ENCE (Where dece	111	stitution : residence before admission)
HO	SPITAL OR STITUTION	ERAN HO	SP. OF MI	location)	C. CITY OR TOWN	(If outside co		write RURAL and give township)
_		tay in Baltimore	62	Yrs Mos. Days		AKER	STREE	
	M	6. COLOR OF RAC	MARRIE	ORCED (Specify)	Aug. 23,18	30 last 1	2	hs Days Hours Min.
work	PLUM /			INDUSTRY	BALT.	MD.	ntry) 1	2. CITIZEN OF WHAT COUNTRY?
	FATHER'S I	K SCH	LEICHER	Const.	14. MOTHER'S MA	LH THE	LANG	
15 (Yes	. WAS DECEAS L no or unknown)	ED EVER IN U.S. ARM (If yes, give war or de		CURITY NO.	17. INFORMANT	FE	ADI	DRESS
		SE OR CONDITION	N DIRECTLY		OF DEATH			ONSET AND DEATH
	heart fail	s not mean the mod- ure, asthenia, etc. It n complication which	e of dying, e.g., (neans the disease,				JUNGS	
NO	DISEASE	ANTECEDENT CA		B) 6AS	TRIC B	FSECT	100	Sologa
ICATI	RISE TO	THE ABOVE CAUSE ( YING CONDITION	A) STATING THE DU	Can	enoma of	Stomo	h	7
ERTIF	TRIBUTIN	II SIGNIFICANT CON G TO THE DEATH, BU	T NOT RELATED	c)	đ			
AL C		OF OPERATION	198. MAJOR FINDIN	and a second	STOMAG			20. AUTOPSY?
IEDICA	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)	218. PLACE OF about home, farm, factor	INJURY (e.g., i y,street,office bldg.,	n or 21c. WHERE E	OID (If in Balt R?	imore City, giv	ve exact location)
Ž	ID. TIME	(Month) (Day) (Yes	m. WHILE AT	NOT WHILE		INJURY OCCUP	₹?	
		by certify that I delive on NOV 7	ttended the decease	ed from no		, to nov 7 , from the cause		that I last saw the date stated above.
	23A, SIGNA	Villian O	Bonnett	M. D.	LUT HIER	in Hosi	0.	130. DATE SIGNED
TI	AA. BURIAL, ON, REMOVAL ( 31174191	Specify) //-/0	-1951 Now	CATHED	RAL Cem	430 Old F	edevice	Rd-FAITO. MH
L	ATE RECEIVE DCAL REGIST	TRAR	R'S SIGNATURE	(A me	Thomas I	KENNU	/x 1600	HOLLINS

A14 15 17 to

V130

11:10:1981

Thomas SKENNY In the HELLERS

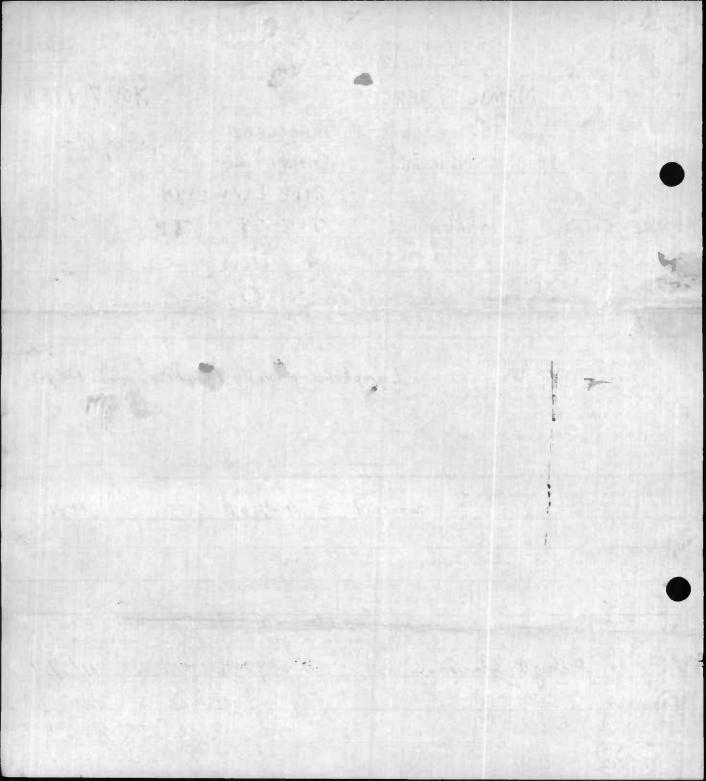
51 9600

Registered No.

	NAME OF D	ECEASED MA>	· N	EUHO	F	2. DATE OF DEATH	-8-51
	PLACE OF D Baltimore C	EATH: City, Maryland			Total Control of the	CE (Where deceased lived, B. COUNTY	If institution: residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	tal or institution	on, give street address or _location)		-	
	ISTITUTION	819 Hel	edal	1 /1. 0	C. CITYOR TOWN	(If outside corporate lim	its, prite RURAL and give township)
1		1		Yrs.	D. STREET ADDRESS	(If rural, give location)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-		tay in Baltimore	•	// Mos.	2819 VY	eledale	- ave
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	M Under 1 Year   H Under 24 Hours fonths: Days   Hours: Min.
1	ile	White.		red	1	5/	
074	done during most o	CUPATION (Give kind of f working life, even if retired)	108 KIND	OF BUSINESS OR	11. BIRTHELACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	CREATHER'S N		read	4 16 wear	1 oca	ua	
10	Lelre	TAME	(	CLUMM, (PS)	14. MOTHER'S MAID	EN NAME	
15	. WAS DECEASE	D EVER IN U. S. ARME	D EUDUES: 1	16. SOCIAL	stacky	- A	
Yes	s, no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	Lextha 1	Euhol-	ADDRESS
	18. 42	0.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	/	E OR CONDITION	DIRECTLY	0.	0	00.4	ONSET AND DEATH
	(This does	LEADING TO DEA	of dying, e.g.,	(A)	many Oc	· Cures	TNOW
	injury or	re, asthenia, etc. It mes complication which	caused death.)	DUE TO			
		ANTECEDENT CAUS	SES	M.		-V Disease	
3	DISEASES	OR CONDITIONS, I	E ANY GIVING	(B)	pervincise (	- V willes	•••••••••
-	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO V			
5				(C)		***************************************	
-		II					
4	OTHER S	IGNIFICANT COND	NOT RELATED				
ز		F OPERATION		FINDINGS OF OPER	ATION		L OO ALLTONION
Y L	ISA. DATE O	OF OFERATION O	ISB, MAJOR	FINDINGS OF OPER	ATION		YES NO
2		ENT WAS UNDER		CE OF INJURY (e. g., i			
	CAUSE OF	R CONTRIBUTING DEATH	about nome, rai	rm, factory, street, office bldg.,	otc.) INJURY OCCUR?		
	TIME (	Month) (Day) (Year	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?	
1				WORK NOT WHILE			
	22. I hereb	y certify that I at	tended the d	leceased from Co	me 1947,	0 11/8 , 195	I, that I last saw the
	deceased al	ive on 11/8	F-1	nd that death occur	rred at 12-17m., fr	rom the causes and on	
	23A. S/GNAT	ward 0.7	Callin	2 / M.D.	1847 W. no	the lev	11/8/5
24	A BURIAL, C		2	4c. MAME OF CEMETE	RY OR CREMATORY   2	4D. LOCATION (City, tow	n, or county) (State)
8	herea	011-9-	11	Noted	ale	Halle	, Med
D/	ATE RECEIVE		'S SIGNATUR	RE	5. FUNERAL DREC	TOR	EDDRESS ON
M	UN 8 - 13	51	8/42 / ///	Marke, Mall	tack sewi	s ONR 2100	entand 11
	VS 150		63	111	4	( )	0

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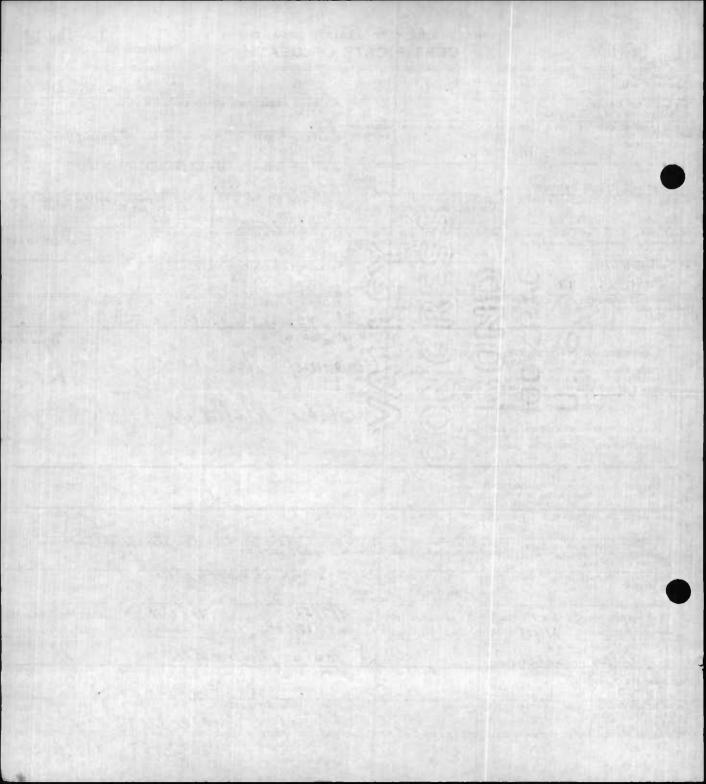
51 BI	E 960	)			E OF DEATH	Registe	ered No	9601
	NAME OF D ype or Print)	ECEASED M	AMIE	PIERCE		2. DATE OF DEATH	Nov 7	.1951
	PLACE OF D		OSL	- 4	4. USUAL RESIDENCE (V		ved. If institut	
В.	FULL NAME OSPITAL OR STITUTION			on, give street address or location)	וווון בחיוש			RURAL and give
5		JOHNS	HOPKIN	IS HOSPITAL	BALTIMORE		0	( township)
7	Y 11 0			Yrs. Mos.	D. STREET ADDRESS (If		ion)	
	SEX	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	VELYN 9. AGE (in ye	ears If Under I Ye	est   If Under 24 Hours
F	EMALE	COLORED	MAI	ED, DIVORCED (Specify)	7-8-79			ays Hours Min.
Worl	done during most	CUPATION (Give kind of of working He, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		country)		TIZEN OF HAT COUNTRY
13	STATHER'S I	name helse	m		Mary Ell	AME en		
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOP	KINS HOSE	ADDRES	S
FICATION	(This does heart failu injury or DISEASE: RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode of the properties of the complication which complication will be complicated with the complication will	TH f dying, e. g ns the disease aused death. EES F ANY, GIVIN STATING TH	) DUE TO (B)	homa-probably	lymphosa.	XCOM	1-2 grs.
CERTIF	TRIBUTING TO THE O	II GIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION OF OPERATION   1	NOT RELATE	D Carraid	4 HASCVD			2+985.
AL	ISA. DATE C	DE OFERATION I	9B. MAJOR	FINDINGS OF OPEN	ATION			O. AUTOPSY?
EDICAL		DENT WAS UNDER CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg.,	n or 21C. WHERE DID ()	f in Baltimore	City, give exa	act location)
Σ	D. TIME INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK		OCCUR?		
	22. I hereb	y certify that I att			1-11- 1951, to 1	11-7-	1951, that	I last saw the
	deceased a	live on 11-7-	_, 1951_,	and that death occur	rred at 439 Am., from t	he causes and	d on the date	e stated above.
-	23A. SIGNA	· Dudley O	· Jac	Asyn M.O.	OHNS HOPKI	NS HOSPITA		DATE SIGNED
TIC	Berno	CREMA- Specify) Nov. 9	51	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	Rhiel	f town, or coun	1 .
D	OV 8 - 10	D BY REGISTRAN	SIGNATU	RE WILL Ale .	25. FUNERAL DIRECTOR	2811	ADDR	
=+7	VVV I				1,000,000,000		· · · ·	



2	52
51 BIRTH	9602

Segistered No. 9602

BI	RTH NO.		•	CERTIFICATI	E OF DEATH	registered	
1.	NAME OF DE	CEASED Al	UTHUR F	LIKENS		2. DATE OF DEATH NO	7, 1951
A.		ity, Maryland			4. USUAL RESIDENCE () A. STATE	Where deceased lived, I. B. COUNTY	f institution : residence before admission)
HC	SPITAL OR STITUTION	844 Konn		on, give street address or location)		f outside corporate limi	ts, write RURAL and give township)
T			9 200	Yrs. Mos.	D. STREET ADDRESS (If		
-		ay in Baltimore	a civioi e	Days	844 Konig St		If Under I Year   It Under 24 Hours
	Male	white	WIDOWI	, MARRIED, ED, DIVORCED (Specify) ICTPIED	Jan. 17, 1906	last birthday) M	onths Days Hours Min.
	done during most of	UPATION (Give kind of working life, even if retired)	Re to	of Business or INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N	AME		SCIENCE OF THE PARTY OF	14. MOTHER'S MAIDEN N	AME	
	John 1	Likens			Pearl Blunt		
15	. WAS DECEASE	D EVER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(10	no	(1. 300) Bree wer or date		215-01-0430	Mrs. Mary M	.Likens-84	4 Konig St.
	18. 9/				OF DEATH		INTERVAL BETWEEN
		E OR CONDITION		0	11.	. /	11 1/2/2
	(This does	not mean the mode of	of dying, e. g.	(A) CO	ionary / Mil	ris bosis	4 1.7/57
	heart failur injury or	e, asthenia, etc. It mea eomplication which o	ns the disease caused death.	) DUE TO			117751
		ANTECEDENT CAUS	SES	7	11 M1	1,	Cinu
z				(B)	abetes Mell	IT us	0-1090.
TION	RISE TO TH	OR CONDITIONS, I	STATING TH	G			
<b>X</b>	UNDERLY	ING CONDITION LA	NST.	(C)		***************************************	
F							
RTIFICA		GNIFICANT COND					
H		TO THE DEATH, BUT SEASE OR CONDITION					
	19A. DATE OF	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
A		1 30				Tall David	YES NO
1EDICA		ENT WAS UNDER- CONTRIBUTING DEATH	21B. PLA	CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
ŕ	F INJURY	Month) (Day) (Year	W	THE AT NOT WHILE		Y OCCUR?	
			m.	WORK AT WORK	. 1 1	11/7/5/ 10	_, that I last saw th
	22. I hereby	certify that I at	tended the	deceased from	rred at 12:30 Pm., from		
	23A. SIGNAT		_, 19 (		10. 100000		23c. DATE SIGNED
	14	as Baccu	10	м. D.	15014. Milton	alle	11/8/51
24	AA. BURIAL, C	REMA- 248. DATE	2	4C. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, tow	n, or county) (State)
TIC	Buria	11/10	/51	Woodlawi	n Cem.	Woodlawn, 1	Md.
	ATE RECEIVED	BY REGISTRAR	SSIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
1	OV 8 - 19	51 materiale	~ / YHLLO	UB, M.	1/m. 4.	whener t	Yours
	VS 150		1	1821	C	Butto	md,
- "				011)	V	V C CC	1-1



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BI	RTH	N	Э.	155	
1.	NAM	E	OF	DECEA	-

0	T 39	US	BALIII	WORE CITY H	EALTH DEPARTMENT	Registered No.	7 3993
В	IRTH NO.		CI	ERTIFICAT	E OF DEATH	Registered No.	
	NAME OF D	Perer	end Art	hur B. S	ulliyan	2. DATE OF DEATH	7-51
	PLACE OF D Baltimore		<u> </u>	1 - 1	4. USUAL RESIDENCE	Where deceased lived, If ins	stitution : residence before admission)
В.	FULL NAME OSPITAL OR			give street address of location		col , Hart- f outside corporate limits, v	
	MOLTITION	The Seton	Instit		Hartford	outside corporate nimits,	township
C.	Length of s	tay in Baltimore	12 yrs., 4 m	0., 15 da Yrs. Mos. Days	D. STREET ADDRESS (IN	trural, give location)	
5.	SEX	6. COLOR OR RACE	7. SINGLE, M	ARRIED, DIYORCED (Specify		I O ACE III TOWN I II III	der I Year It Under 24 Hours hs Days Hours Min.
10	M	white	SIH	91e	2017 7 77 0A	49 4	3
worl	Catholic	CUPATION (Give kind of working life, even if retired)  Priest	OB. KIND OF	BUSINESS OR INDUSTRY	New Haven,	Connecticut	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME The A	1. Sulli	1614	14. MOTHER'S MAIDEN N	AME Taly	
15	. WAS DECEAS	ED EVER IN U. S. ARME		S, SOCIAL	10riage1 -	11414	
(Ye	s, no or unknown)	(If yes, give war or date	ms of mervice)	SECURITY NO.	The Seton	Institute	PRESS
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA a not mean the mode are, asthenia, etc. It me complication which  ANTECEDENT CAU SOR CONDITIONS. THE ABOVE CAUSE (A) YING CONDITION L  BIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	TH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST. PITIONS CON- NOT RELATED N CAUSING IT.	DUE TO  (B)  CAUSE  (A)  DUE TO  (B)  CAUSE  (B)  DUE TO  (C)  Vullians  NDINGS OF OPE	Sus Spilepti Suspendial Soplinenia = Epile Occumgaffer	Insufficer potic Con-	Byss.  10 days  10 days  10 days  20. AUTOPSY?
CAL	21a. ACCIDI	ENT. SUICIDE.	218. PLACE	OF INJURY (e. g.,	in or   21c. WHERE DID (	If in Baltimore City, giv	YES NO E
MEDI	HOMICIDE	(Specify)		factory, street, office bldg.			
	D. TIME	(Month) (Day) (Year	m. WHIL	PK AT WORK			
		y certify that I at	tended the dec	eased from	red at 1035 A.m., from 1236. ADDRESS	or. 7, , 1951,	that I last saw th
	deceased a	in on My	, 19 <b>_5</b> [, and	that death occu	fred at 10 - m., from 1	the causes and on the	date stated above 23c. DATE SIGNED
	234. 5161	tracet !	herr, 4	el D'M.D.	6430 Reisters	town Rd.	nov.7,1951
TI	4A. BURIAL, OR REMOVAL (S	CREMA. 248. DATE	Q-1-1 24c	NAME OF CEMETI	ERY OR CREMATORY 24D.	OCATION (City, town, or	- (State)
	ATE RECEIVE OCAL REGIST		'S SIGNATURE	us du l	Stewarh Moure	n Co. 108 W.	north are
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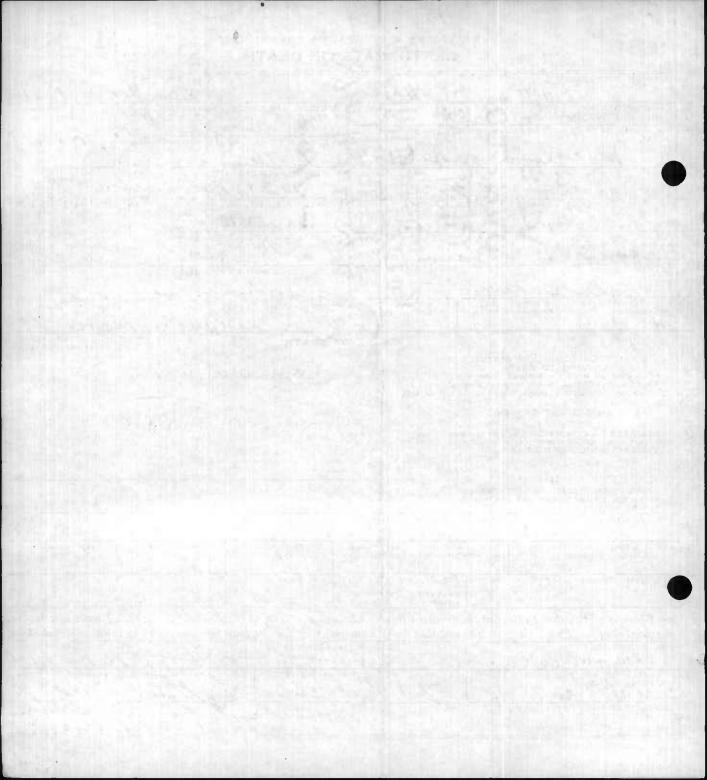
51 9604

B	IRTH NO.		CERTIFICATI	E OF DEATH	registered .	.10
_	NAME OF DECEASED				La Siera	
r)		ES B	LANKS		OF DEATH	V.6, 1957
Α.	PLACE OF DEATH: Baltimore City, Maryland	Bal	*	4. USUAL RESIDENCE (V	Where deceased lived, If	f institution; residence before admission
	FULL NAME OF (If not in hos	spital or institution	on, give street address or location)	may	la.	
	ISTITUTION	16-	11/24	C. CITY OR TOWN	outside corporate ilmi	s, write RURAL and give
1	pranyes	ra ye	weed wife	Baltern	~	
K		610	Yrs.	D. STREET ADDRESS (If	rural, give location)	4-1-11
c.	Length of stay in Baltimore		Days	1021 /	urnoss	wes -
5.	SEX 6. COLOR OF RAC	E 7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours onths; Days   Hours   Min.
	moll Colores	( me	med	march 18 189	9 71	
worl	A. USIAL OCCUPATION (Give kin k done during prost of working life, even If reti	dof 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
1	Laborer	Wa	uling	firth Ca	eoleva.	w.s.a.
13	B. FATHER'S NAME		1	14. MOTHER'S MAIDEN N	AME	77.
	Matta	sun		11. Ma	d	
15	. WAS DECEASED EVER IN U. S. AR	MED FORCES?	16. SOCIAL	17. INFORMANT	run	ADDRESS / Owl
(Ye	s, no or unknown) (If yes, give war or	lates of service)	SECURITY NO.	MANAN AL	/ / 7	11
_	/4.			elevia De	anso M	unio St.
	18. /53 X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITIO	N DIRECTLY		0 0 0		
Н	(This does not mean the mod	de of dying, e. g		testinal lele	ducy	
	heart failure, asthonia, etc. It injury or complication which				9	
			, 502.0			
7	ANTECEDENT CA	LUSES	CARP	irana of the	e . Sur	
O	DISEASES OR CONDITIONS	5. IF ANY, GIVIN	(B)	or or of-son	2 rollingro	
E	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING TH	E DUE TO CALA	~~		1995/15-019
C	ONDERENTIA CONDITION	become a				
1			(C)			
R	OTHER SIGNIFICANT COL	NDITIONS CON				
CE	TRIBUTING TO THE DEATH, B	UT NOT RELATE	D			
	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL						YES NO
ICA	21A. ACCIDENT, SUICIDE,	218. PLA	CE OF INJURY (e.g., in		If in Baltimore City,	
ED	HOMICIDE (Specify)	about home, fa	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Ξ	ID. TIME (Month) (Day) (Ye	(Hour) Is	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	v Occups	
	F INJURY		HILE AT   NOT WHILE	ZIF. NOW DID INSOR	OCCORT	
			WORK AT WORK			
	22. I hereby certify that I	attended the	deceased from 621	27, 19 57 to	WN.6_195	that I last saw th
			and that death occur			he date stated above
	23A. SIGNATURE			38 ADDRESS	10 11	23c. DATE SIGNED
	Kalinda Bob	chair	м. р.	pungod	Her Wy	P flow 6,188
2	4A. BURIAL, CREMA- 248. DAT	E   2	4c. NAME OF CEMETE	RY OR CREMATORY   240 L	DCATION (City, 10wn	, or county) (State)
TI	ON REMOVAL (Specify)	11051	The A II	loard &	· Strains	The S.
0	ATE RECEIVED BY   REGISTR	AR'S SIGNATU	1001	25. FUNERAL DIRECTOR	anymore	OADDRESS
				Tractand	Junela	- Jame
1	10 V 8 - 1957 Teastre	tor Million	West July	1631 Dun	is till	ane,

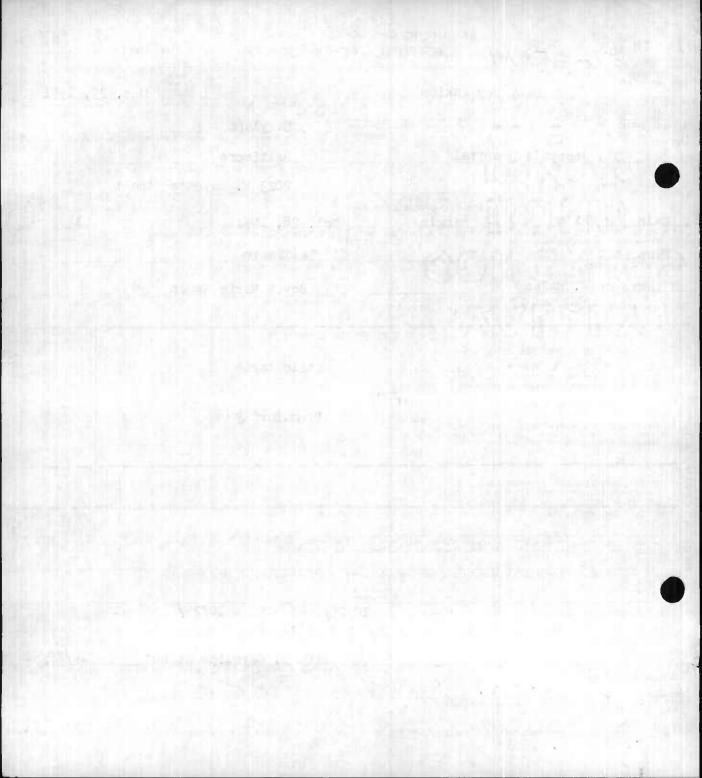
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3	25	Tour	in . H	Hata still	Germ #37337	7		
) j	L 960	51-253	BAI	CERTIFICAT		Registered	51 No	9605
	NAME OF D	ECEASED Ra hw	Boy Ac	ikins		2. DATE OF	20	וסכז
	PLACE OF D	EATH: City, Maryland	207	A15-2-6-0	4. USUAL RESIDENCE (		f institution	n: residence
В.	FULL NAME OSPITAL OR ISTITUTION		al or institut	ion, give street address or location)	Maryland	B. COUNTY  If outside corporate lim	~ 1.	efore admission)
	1 3 3	t. Joseph's H	lospita.	1	Baltimore	1-0	0	township)
				Yrs.	D. STREET ADDRESS (I			
C.		tay in Baltimore		Mos. Days	2023 E. F	ayette Stree	t	
5.	SEX	6. COLOR DR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year	I If Under 24 Hours
	Male	White		ingle	Oct. 28, 1951		1	
worl	done during most	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)		IZEN OF AT COUNTRY?
12	None				Baltimore			
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
15	Lawren	ce W. Ragan			Joyce Marie	Ragan		
(Ye	, nn or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA  II IGNIFICANT CONDITION INTO THE DEATH, BUT ISEASE DR CONDITION	FH of dying, e. g. f. dying, e. g. aused death SES FANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE	(B)	Duomo tuni ter			
	19A, DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20	. AUTOPSY7
CA			1 24 21				YES	
MEDICAL		ENT WAS UNDER. R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,	give exac	t location)
	2 ID. TIME	Month) (Day) (Year)	,	VHILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?		
	22. I hereby	y certify that I att live on 10/29/	ended the	deceased from 10/	728/ , 1951, to 1 red at 10:10AM., from	.0/29/ , 15	1, that I	last saw the
	23A. SIGNAT	TURE		2	3B. ADDRESS			ATE SIGNED
	1/1	Comme		м. р.	1400 N. Caroli		10	1-11-
TIC	N. REMOVAL (S	pecify) //- 9	-51	24C. NAME OF CEMETE	RY DR CREMATORY 24D.	LOCATION (City, town	or county	y) (State)
DI	ATE RECEIVED	D BY   REGISTRAR'S	SSIGNATU	RE /	25. FUNERAL DIRECTOR		ADDRE	ss on
BIC	NAL REGISTI	en in the of	- K/15.		Latuck	5305 Tha	rton	1 Fil
===	VS 150	51				0	1	59



CERTIFICAT	E OF DEATH Registered No	D
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE OF MOV.	6-1951
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE	stitution : residence
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	maryland o	before admission
INSTITUTION 3110 %.	12 11 1	township
SIIS STOODKOME UNE	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore  Mos. Days	2110 Hras 1/	-
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years MU	Inder 1 Year   If Under 24 Hours
male white married (Specify	June 7-1874 79	the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OBBUSINESS OR Work done during those of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Trinter	Veatland	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ames the Killan	? MAhon	
15. WAS DECEASED EVER IN U.S. RMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		DRESS 3/18
(11 yes, give war or dates of service) SECURITY NO.	Mis James McKillato	the state of
18. CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	OF BEATH	ONSET AND DEATH
LEADING TO DEATH	abote Coma	11/4/5
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		12/01
injury or complication which caused death.) DUE TO		1.11
ANTECEDENT CAUSES	feter Melites	5/1/45
	pers rueupes	0///13
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
(c)		***************************************
IN TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,		YES NO
CAUSE OF DEATH		e exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE		
	2. 1 10 200 / 5/	
22. I hereby certify that I attended the deceased from	/ // // // /:	that I last saw the
deceased alive on 44 5, 18 and that death occur	rred a, m., from the causes and on the	
Willan J. 15 saver M.D.	801 4 Kourson the	DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	r county) / (State)
Dunal 11/9/51 New 101	thedial Dall The	R
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 8 - 1951 Turting for Williams, M.	L. Ruck 5305 Ha	ford P
VS 150		1

Dr. Ryphek.

	5.	3	0	)
ВІ	RTH	6	0"	1
1	NAN	15	OF	D

Registered No. 9607

				1					
	NAME OF DECEAS	Charl	les Ros	1. It	eant		OF DEATH	ov. 5-	1951
	PLACE OF DEATH: Baltimore City, I		(		4. USUAL RES	SIDENCE (Wh	ere deceased lived B. COUNTY		n : residence fore admission)
	FULL NAME OF OSPITAL OR	(If not in hospital or	r institution, give str	eet address or location)		Vary	and	33965	2
IN	ISTITUTION M	0	0 4		C. CITY OR TO	NN III	utside corporate li	mits, white R	URAL and give township)
-	110	ayland	x Jenes	Yrs.	D. STREET AD	DRESS WITH	ral, give location	har f	
c.	gth of stay in	Baltimore		Mos. Days	2800	Hal	cyon (	ine	
5.	SEX 6.CO	LOR OR RACE 7.	SINGLE, MARRIE	D. CED (Specify)	B. DATE OF BI	IRTH 100	9. AGE (In years last birthday)	Months Day	Hours Min.
10	A. USUAL OCCUPA	I ON (Give kind of 10	B KIND OF BUSI	NESS OR	11. BIRTHPLACE	CE (State or fore	J66	12. CITI	7EN OF
rori	done during most of workin	g life, even if retired)	75. KIND OF 20311	INDUSTRY	70	10 0	The D		AT COUNTRY?
13	FATHER'S NAME	aua.			14. MOTHER'S	MAIDEN NAM	AF.		
	John 7	1 nach	Thont			K			
15	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES?   16. SOCI	AL	7. INFORMAN	1)0	ons	ADDRESS	,
(Ye	(If y	es, give war or dates of a	SECU	IRITY NO.	m. 8	da a	1 Tron	+ 20.	Malan
	1B. Wan	1		CAUSE C	F DEATH	CXVILD 4	O 1 xum	INTER	EVAL BETWEEN
	110	CONDITION DIR	RECTI Y	ONODE O	PLATTI			ONSE	T AND DEATH
	LEAD	ING TO DEATH		Car	an ar	occl		1 /	ehr.
	heart failure, asth	enia, etc. It means t	he disease,	· 0	<u></u>				•
		CEDENT CAUSES		Line E					1
Z	ANTE	CEDENT CAUSES	(B)	arter	- agalas	tie C)	Vdiseas	e 9.	rear
2	RISE TO THE ABO	ONDITIONS, IF AN		o					1
Y	UNDERLYING (	CONDITION LAST.	(C)		•••••	•••••	*********************		V
F				7-1-1					
R		ICANT CONDITIO							
S		OR CONDITION CA		· · · · · · · · · · · · · · · · · · ·					
٦	19A. DATE OF OPE	RATION 198.	MAJOR FINDING	S OF OPERA	TION			20.	AUTOPSY?
Y U								YES	
EDI	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING   ab	2 1B. PLACE OF IN. cout home, farm, factory, at	JURY (e.g., in creet, office bldg., etc	or 21c. WHER D.) INJURY O		in Baltimore Cit	y, give exact	location)
≥	21D. TIME (Month	) (Day) (Year) (Ho	our)   21E. INJUF	RY OCCURRE	D 21F. HOW	DID INJURY	OCCUR?		
	PINJURY		m. WHILE AT WORK	NOT WHILE	7				
	22. I hereby cert	ifu that I atteme			1.20 1	942/to n	ov.5,19	T   that I	last sam the
	deceased alive on	DCE 301	9.5. and that	death occurr			causes and or		
	234 SIGNATURE	1 20			B. ADDRESS		· d 00		ATE SIGNED
	1/m. 17	. Tren	zer	м. р. /	520 6	e.33	35	. 11.	6.51.
TIC	N REMOVAL (Specify)	248. DATE	24c. NAME	OF CEMETER	Y OR CREMATO	DRY 24D. LO	CATION (City, to	wn, or county	(State)
8	ATE RECEIVED BY	REGISTRAR'S S	IGNATURE	voak	25. FUNERAK	DIRECTOR	KIKKO	ADDRE	ss ().
L	TOV 8-1951		Philliams, M.		L. R.		53057	Jarlor	d Fd.
	VS 150				1/1	Fi		1	2-5
			2	190 8	X	()		0	13)
				-				-	

1530 E 33Rd.

54 0000

1 9608 B		EALTH DEPARTMENT	Registered No	7 3008
BIRTH NO.	CERTIFICATI	E OF DEATH	registered ito	
1. NAME OF DECEASED (Type or Print) Hary E.	Rice		OF NOV.	6, 1951
a. Baltimore City, Maryland		4. USUAL RESIDENCE (		
	tution, give street address or location)	Marvland c. CITY OR TOWN Baltimore	f outside corporate limita,	20
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Mos. Days	2004 Barclay	St.	
	SLE, MARRIED. OWED, DIVORCED (Specify)	May 4,1891		hs Days Hours Min.
work done during most of working life, eyeo if retired) Housewife	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?
Samuel Edmonds		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknowo) (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	17. INFORMANT	Rice 2004 Ba	press relay St.
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELL TO THE DISEASE OR CONDITION CAUSING	e.g., (A) case, ease, ath.) DUE TO  VING THE DUE TO  (C)		ndsen	ONSET AND DEATH
19A. DATE OF OPERATION   19B. MAJO	OR FINDINGS OF OPER	ATION		YES NO S
LYING OR CONTRIBUTING about hor	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., e	1 of 21c. WHERE DID (tc.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY  m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby certify that I attended to deceased alive on 23A. SIGNATURE	, and that deatlaccur	red at m., from t	the causes and on the	that I last saw the date stated above. 23c.DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial 11-9-51	24c. NAME OF CEMETER Mt. Calvery		CATION (City, town, or e Arundel Co	
DATE RECEIVED BY   REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	01/	ADDRESS  8 W. Biddle St

VS 150

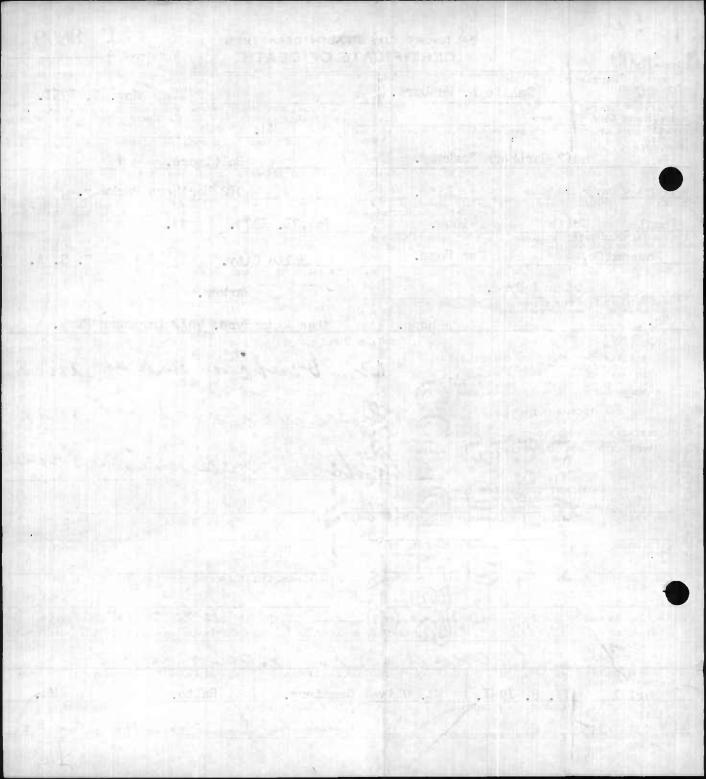
Atrances G. Hemslee | 578 W. Biddle St.

on the land when I have Jun 1 3 1 1 poor 6 21 The wall in 515/11 menter 11/1/12

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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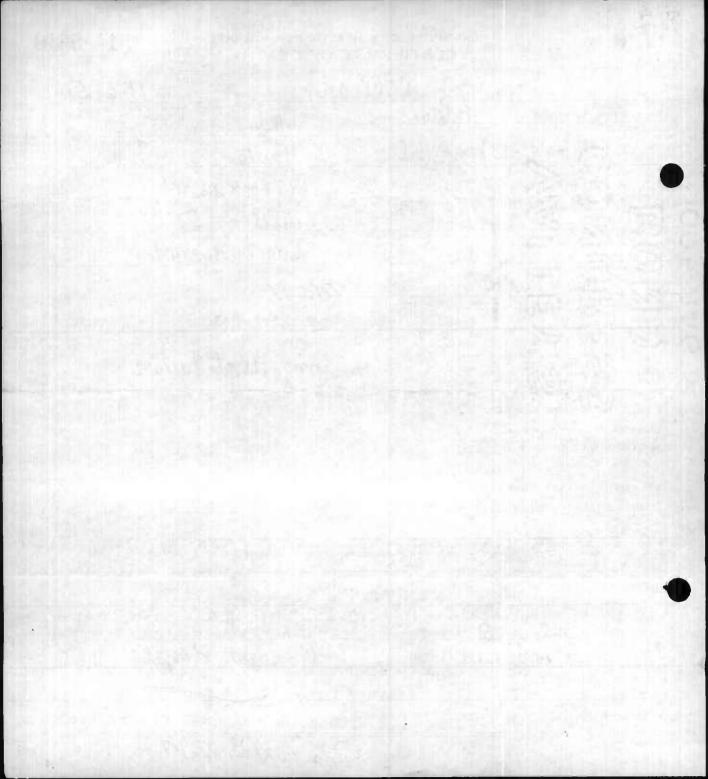
BI	RTH NO.US			CERTIFICAT	E OF DEATH	Registere	eu No.
1.	NAME OF E	DECEASED				2. DATE	
(T;	ype or Print)	Sal	lie L.	Hubbard.		OF NEATH N	ov. 5. 1951.
	PLACE OF E	City, Maryland			4. USUAL RESIDENCE		d, If institution; residence
B.	FULL NAME		al or institut	ion, give street address o			09
	SPITAL OR			Iocation	C. CITY OR TOWN	(If outside corporate)	imits, write RURAL and give township)
	90	40I2 North	ern Par	kway.	E	Baltimore.	township)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	1)
-		stay in Baltimore		Life, Days		12 Northern P	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					8. DATE OF BIRTH	9. AGE (În year	Months; Days Hours: Min.
Female White Widow.					Jan, 3I. 1870		
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife, Own Home.				Home.	Balto Cit	.v.	U. S. A.
13.	FATHER'S	NAME	- 10		14. MOTHER'S MAID		
		Oden J By	rd.		Р.	arker.	
15.	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	II RCI •	ADDRESS
(108	NO .	(If yes, give wer or date	# Of Bervice)	security No.		rid. 4012 Nort	
1	18. 5 5				OF DEATH	7EU. 4012 1001 0	INTERVAL BETWEEN
TIFICATION	OISEA (This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of the complication which is one complication with the complication of the complication with the complication of the complication with the complication of the complication o	TH  off dying, e. g  ns the diseas  caused death  SES  F ANY, GIVIN  STATING TH  AST.	(B) Hy  (C) M	rebrulk Jeerlee teru-S	chrone	sy zweeks s'yes
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED .			
Ĭ.				FINDINGS OF OPE			20. AUTOPSY?
Z							YES NO
MEDICAL	ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., erm, fectory, street, office bldg.		(If in Baltimore Ci	ty, give exact location)
2	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT HOT WHILE WORK AT WORK	The second secon	JURY OCCUR?	
	22. I hereb	y certify that I att	ended the	deceased from		o novs,	9عز, that I last saw the
				and that death occu	rred at 1/ 55 m., fr		on the date stated above.
	23A. SIGNA		Bec		1 W. Ore	dece le	23c. DATE SIGNED
24	A. BURIAL,	CREMA- 248 DATE		24c. NAME OF CEMET	RY OR CREMATORY 2	4D. LOCATION (City, to	own, or county) (State)
110	Burial		1951.	Mt. Olivet	Cemetery.	Balto.	Md.
DA	TE RECEIVE	D BY   REGISTRAR	SSIGNATU		25. FUNERAL DIREC		ADDRESS
N	OV 8 - 19	951 Harri	to- Wi	1.	Jasselm F	muse Home 7	401 Below Rd.



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1	-	QC		0
14		VU		C

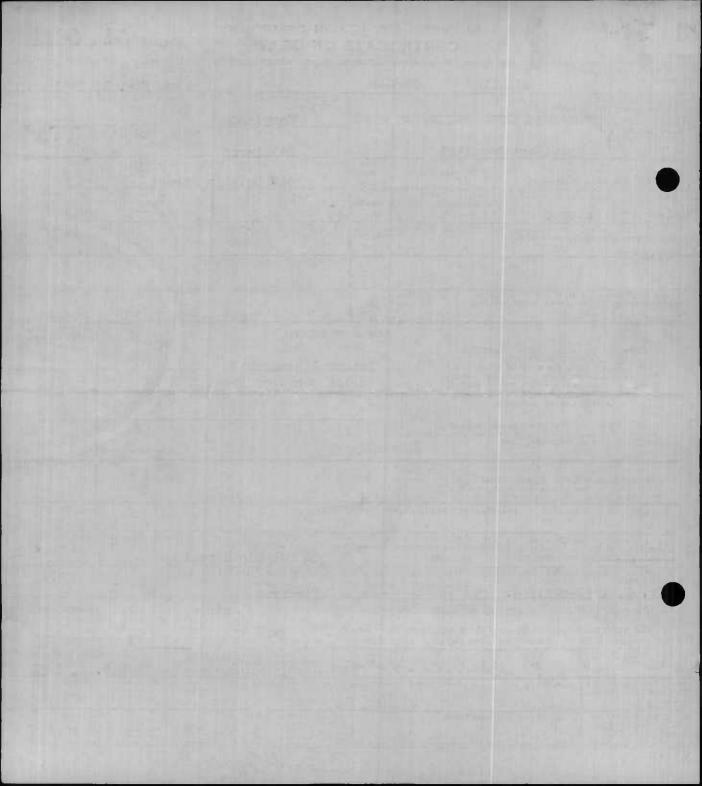
## CERTIFICATE OF DEATH Registered No. 9610 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.							
1. NAME OF DEC (Type or Print)	leased }a	croson.	Lilli	ian		DATE OF //.	6.51
3. PLACE OF DEA		Balt	D.	4. USUAL RESID	ENCE (Where	deceased lived. II	institution : residence before admission)
B. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospit	al or institution, gi	tal		to .	de corporate limi	ts write KURAL and give
c. Length of sta	y in Baltimore	30yrs	Yrs. Mos. Days	646 P	ESS (If rural,	give location)	
5. SEX	COLOR OF RACE	7. SINGLE, MAI WIDOWED, D Single	RRIED. DIVORCED (Specify)	8. DATE OF BIRT		AGE (In years hast birthday) M	Under 1 Year II Under 24 Hours Onths Days Hours Min.
10A. USUAL OCCI	UPATION (Give kind of vorking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	(country)	12. CITIZEN OF WHAT COUNTRY
Laundres:		Laundry		14. MOTHER'S MA	AIDEN NAME	. Inc	U.S.A
20	umes Jao	Khon		many			
15. WAS DECEASED (Yee, no or unknown)	EVER IN U. S. ARMEI (If yee, give war or date	a of service)	SOCIAL SECURITY NO. 3-01-8996	17. INFORMANT Nathanie	1 Colema		Druid Hill
(This does not heart failure injury or c	OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mes omplication which of NTECEDENT CAUS	TH of dying, e.g., nns the disease, caused death.) SES	(A) Uhr	of DEATH L. Gong. F	teart F	ailure	ONSET AND DEATH
PRISE TO THE UNDERLY!	OR CONDITIONS, (A) E ABOVE CAUSE (A) NG CONDITION L/  II GNIFICANT CONDITION TO THE DEATH, BUT TEASE OR CONDITION	STATING THE AST.  ITIONS CON- NOT RELATED	IC)				
. 19A. DATE OF			DINGS OF OPER	RATION			20. AUTOPSY?
2 IA. ACCIDEN HOMICIDE	T, SUICIDE, (Specify)	218. PLACE O about home, farm, fac	FINJURY (e.g., i ctory, street, office bldg.,	n or 21c. WHERE I		Baltimore City,	give exact location)
Σ	onth) (Day) (Year)	(Hour) 21E. II WHILE A			OC YRULNI C	CUR?	
22. I hereby deceased alia	11.4		hat death occur		, toll. 6.		, that I last saw the he date stated above
234, 31311410	9. Goni	ondekis	M. D.	Prinia	lent H	ospital	11.6.57
24A. BURIAL, CR TION, REMOVAL (Spe	EMA- 24B. DATE	24c. N	NAME OF CEMETE	RY OR CREMATORY	24D. LOCAT	TION (City, town	or county) (State)
Burial DATE RECEIVED LOCAL PESISTRA		S SIGNATURE	/ Calvary	25. FUNERAL DIF	RECTOR	unty, MI 512 Carr	Address ollton Av.
VS 150		64	> 800	Thaileo &	Har su	1	93E



## BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.			CERTIFICATI	E OF DEATH	Registered No	9611		
1.	NAME OF D		LLIAM	MORGAN		2. DATE OF DEATH NOV's	1 1051		
	PLACE OF D Baltimore (		(m) (m) (m) (m) (m) (m)		4. USUAL RESIDENCE (W		nstitution; residence before admission)		
H	FULL NAME OSPITAL OR STITUTION			ion, give street address or location)	Maryland c. CITY OR TOWN (11)	outside corporate limite	write RVRAL and give		
_	34	Provident	Hospit	tal Yrs.	Baltimore D. STREET ADDRESS (If I	unal give beetien)			
c.	orth of s	tay in Baltimore	17y		56# Dolphin Street				
	SEX	6. COLOR OR RACE		E. MARRIED, /ED, D1VORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	ths Days Hours Min.		
عمصر	ale	Colored CUPATION (Give kind of	Sing	le of business or	12/31/1903 11. BIRTHPLACE (State or fo	47	19 (217175) (19)		
		of working life, even if retired)		INDUSTRY		reigh country)	WHAT COUNTRY?		
Foremen   Construction				struction	14. MOTHER'S MAIDEN NA	MF	U.G.A.		
	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS		
N		No		220-03-9398	R Julia M orman	-564 Dolph	in St/		
RTIFICATION	(This doe, heart failt injury or DISEASE RISE TO TUNDERL.	SE OR CONDITION LEADING TO DEA not mean the mode ure, asthenia, etc. It mee complication which ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION L  SIGNIFICANT CONDITIONS TO THE DEATH, BUT	TH  of dying, e.; uns the disease caused death  SES  F ANY, GIVII  STATING TI  AST.  ITIONS COI  NOT RELATI	(B)	ernal hemorrhage let wound of ches				
CE		FORERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?		
AL			1		Lote Whith Dip (II	S in Dolain no City ni	YES X NO		
EDICAL	UNDERLYIN	NAL CAUSE WAS G TO OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e DUSE		in Baltimore City, gi	ve exact location		
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI		OCCUR?			
	by. 1, 1951-early A. m. while at work X Firearms								
	the eyeand de	idence obtained by ath in my opinion	said Auto	from: natural causes	Autopsy, I nquiry, find that said de	nspection or Inquiry ceased ded on the	thereon and from day stated above, determined $\square$ .		
24	A. BURIAL.	CREMA: 24B. DATE	an	24C. NAME OF CEMETE	ASSISTANT MEDICAL E.D. MEDICAL INVESTIGATORY OR CREMATORY 240. LC	DR II NO	NAME AND ADDRESS OF THE OWNER, TH		
	on REMOVAL (S urial	11/8/	51	Lit. Auburn (	Cemetery Balt	o. Md.			
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS		
1	10V8-1	951 1 20	55 Mill	1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	has. G. Cooper	-512 Carro	llton Av.		
v	S 151	1-8674	5.	23 24 (	Chas Hookl	v 1	66		



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

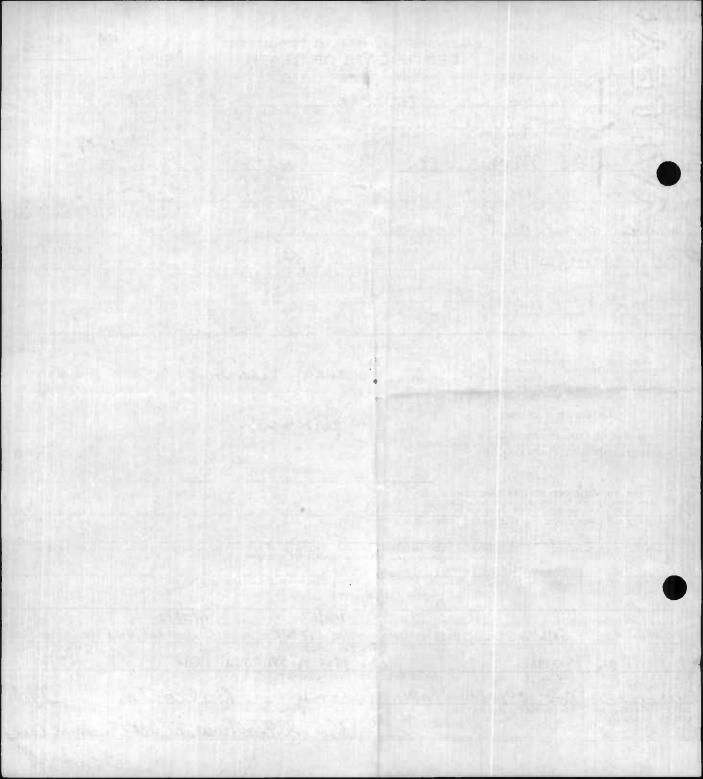
Registered No. 9612

BIRTH NO.	B	1	R	T	ŀ	1	1	N	0		
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,	IIXTII IQO.					
	NAME OF DECEASED Type or Print)	na Chmiel	ewski.		2. DATE OF DEATH NOV	7-1951
	. PLACE OF DEATH: . Baltimore City, Maryland	Ralto Ci	. 4	. USUAL RESIDENCE (\	Where deceased Hved. If i	nstitution : residence before admission)
B.	FULL NAME OF (If not in hos	spital or institution, give stre		Mos!		3 2
IŊ	NSTITUTION	0.	oldestion) C	. CITY OR TOWN (II	outside corporate limits	write RURAL and give township)
(	2103 /	noyer st.		Balto.	City 0	
	A STATE OF THE PARTY OF THE PAR	V	Yrs. D	STREET ADDRESS (If	rural, give location)	
-	Length of stay in Baltimore		Days	2105 Mon	er st	
5.	. SEX 6. COLOR OR RAG	CE 7. SINGLE, MARRIED WIDOWED, DIVOR		DATE OF BIRTH		Under I Year   H Under 24 Hours
if	emale White	Widows			62	
10	OA. USUAL OCCUPATION (Give king life, eyen if reti	nd of 108, KIND OF BUSIN		I. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewill	Teu)	INDUSTRI	Poland		WHAT COONTRET!
13	3. FATHER'S NAME		14	4. MOTHER'S MAIDEN N	AME	
		4		1-		
15	5. WAS DECEASED EVER IN U. S. AR	MED FORCES?   16. SOCIA	AL I	7. INFORMANT _	A.F.	NODE COS
(Ye	ce, no or unknown) (If yes, give war or	dates of service) SECU	RITY NO.	+ AA. A	AL	DDRESS 0 4
-				lexia ou	M 2103 m	oner st.
	18. 420.1		CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITIO		Λ	.10		
	(This does not mean the most	de of dying, e.g., (A)	Coro	nary through	roses	6 days
	heart failure, asthenia, etc. It injury or complication which					
_	ANTECEDENT CA		Nur	restension		
ō	DISEASES OR CONDITION				***************************************	**********************************
Ę	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE T	0			
Ü						
Ц.	11	(C)				
2	OTHER SIGNIFICANT CO					
S	TRIBUTING TO THE DEATH, E					
	19A. DATE OF OPERATION	198, MAJOR FINDINGS	OF OPERAT	ION		
						20. AUTOPSY7
AL						YES NO
DICAL O	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJ			If in Baltimore City, g	YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJ about home, farm, factory, at			If in Baltimore City, g	YES NO
MEDICAL	HOMICIDE (Specify)  D. TIME (Month) (Day) (You	about home, farm, factory, at				YES NO
MEDICAL	HOMICIDE (Specify)	ear) (Hour) 21E. INJUR WHILE AT	Y OCCURRED  NOT WHILE	INJURY OCCUR?		YES NO
MEDICAL	HOMICIDE (Specify)  D. TIME (Month) (Day) (You	about home, farm, factory, stream) (Hour) 21E. INJUR	Y OCCURRED  NOT WHILE  AT WORK	INJURY OCCUR?	Y OCCUR?	YES NO Dive exact location)
MEDICAL	HOMICIDE (Specify)  D. TIME (Month) (Day) (You	ear) (Hour)   21E. INJUR m.   WHILE AT   work  attended the deceased	Y OCCURRED  NOT WHILE  AT WORK  from	21F. HOW DID INJUR	y occur?	ves No ver exact location)
MEDICAL	HOMICIDE (Specify)  TIME (Month) (Day) (You injury)	ear) (Hour)   21E. INJUR m.   WHILE AT   work  attended the deceased	Y OCCURRED  NOT WHILE  AT WORK  from  leath occurre	21f. HOW DID INJUR	y occur?	ves No ver exact location)
MEDICAL	HOMICIDE (Specify)  TIME (Month) (Day) (You injury)  22. I hereby certify that I	ear) (Hour)   21E. INJUR m.   WHILE AT   work  attended the deceased	Y OCCURRED  NOT WHILE  AT WORK  from  leath occurre	21F. HOW DID INJUR	y occur?	ves No ver exact location)
MEDI	P. TIME (Month) (Day) (You injury)  22. I hereby certify that I deceased alive on 116.	about home, farm, factory, stream (Hour) 21E. INJUR m. WHILE AT	Y OCCURRED NOT WHILE AT WORK  from  leath occurre 238 M. D.	21F. HOW DID INJUR  21F. H	Y OCCUR?  1/2/51, 19  The causes and on the	yes No ive exact location)  , that I last saw the date stated above.    23c. DATE SIGNED   11886)
MED	P. TIME (Month) (Day) (You injury)  22. I hereby certify that I deceased alive on 116 is 23A. SIGNATURE	about home, farm, factory, stream (Hour) 21E. INJUR m. WHILE AT	Y OCCURRED NOT WHILE AT WORK  from  leath occurre 238 M. D.	21F. HOW DID INJUR  21F. H	y occur?	yes No ive exact location)  , that I last saw the edate stated above.  23c. DATE SIGNED
MED	P. TIME (Month) (Day) (You injury)  22. I hereby certify that I deceased alive on 116.	about home, farm, factory, stream (Hour) 21E. INJUR m. WHILE AT	Y OCCURRED NOT WHILE AT WORK  from  leath occurre 238 M. D.	21F. HOW DID INJUR  21F. H	the causes and on the	yes No ive exact location)  , that I last saw the edate stated above.  23c. DATE SIGNED
MEDI	HOMICIDE (Specify)  T. TIME (Month) (Day) (Young)  22. I hereby certify that I deceased alive on 1166;  23A. SIGNATURE  4A. BURIAL. CREMA- 24B. DAT (ON, REMOVAL (Specify))  ATE RECEIVED BY   REGISTR.	about home, farm, factory, stream (Hour) 21E. INJUR m. WHILE AT	Y OCCURRED  NOT WHILE AT WORK  from  Leath occurre  23B  M. D.  13	21F. HOW DID INJUR  21F. H	Y OCCUR?  1/2/51, 19  The causes and on the	yes No ive exact location)  , that I last saw the edate stated above.  23c. DATE SIGNED
MED	HOMICIDE (Specify)  T. TIME (Month) (Day) (You injury)  22. I hereby certify that I deceased alive on 116 (Second Park Park Park Park Park Park Park Park	about home, farm, factory, etc.  ear) (Hour)  m. WHILE AT WORK  attended the deceased  1, 19 and that of  24c. NAME	Y OCCURRED  NOT WHILE AT WORK  from  Leath occurre  23B  M. D.  13	21f. HOW DID INJUR  21f. H	the causes and on the	ves No ver ive exact location)  that I last saw the edate stated above.  23c. DATE SIGNED  11855  or county) IState)

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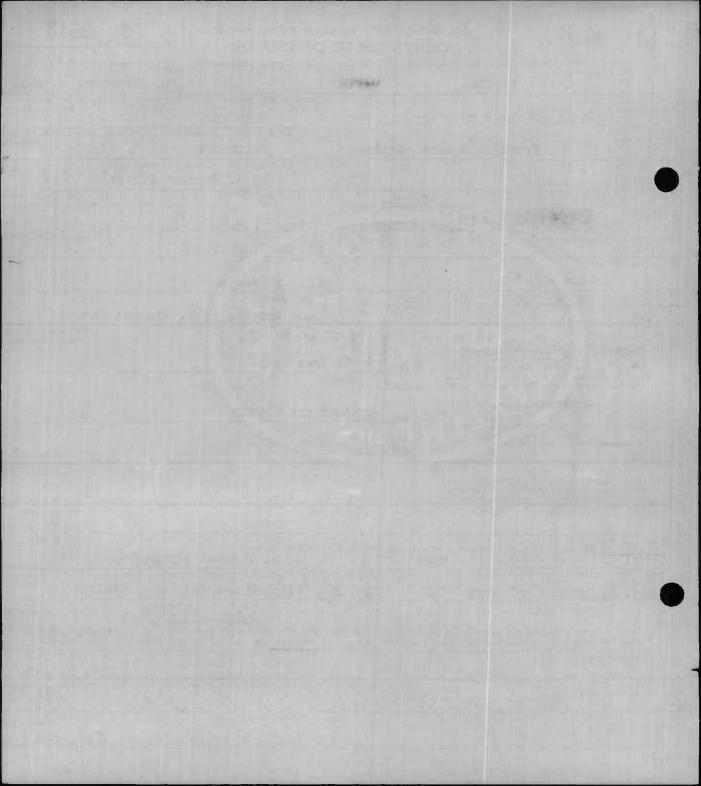
## BALTIMORE CITY HEALTH DEPARTMENT

51 9613 egistered No.

BII	RTH NO.			CERTIFICATI	E OF DEATH	Registered 1	.10
1.	NAME OF D		ISSELL	WATTS		2. DATE OF NOVE	mber 2, 1951
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution : residence before admission
B. 1	FULL NAME		al or institut	tion, give street address or location)			
IN	SPITAL OR STITUTION	Thomas	olim Co.				ts, write RURAL and gi
		Frank	TIU 2d	uare Hospital	Baltimore		1-00
	ngth of s	tay in Baltimore		Mos. Days		ncent Street	
5.	Male	6.COLOR OR RACE	7. SINGL WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		H Under I Year onths Days Hours Mir
	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for St. Mary, Mary).	reign country)	12. CITIZEN OF WHAT COUNTR
13	FATHER'S N	NAME			14. MOTHER'S MAIDEN NA		
	В	risco Watts			Lizzie Barnes		
15 (Var	. WAS DECEASE	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
(108	No.	(x) you, gave was in that	01 801 1100)	SECURITY NO.	Lucy Wright, 19	N. Vincent	Street
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA's not mean the mode of are, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA  II BIGNIFICANT CONDITIONS TO THE DEATH, BUT SEGASE OR CONDITION	TH of dying, e. ns the disea aused deat SES  F ANY, GIVI. STATING T. ST.  TIONS CO.	g, (A) Skul	l fracture usion of brain		ONSET AND DEA
AL C	19A. DATE C	F OPERATION   1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
MEDICAL	UTING []	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home,	ACE OF INJURY (e. g., in farm, factory, atrect, office bldg., e  Home  21E, INJURY OCCURR	19 N. Vincent		give exact location)
	Nov. 2			WHILE AT NOT WHILE			airs
	22. I certif	fy that I took char idence obtained by ath in my opinion	ge of the	remains described a opsy, Inspection or I from: natural causes	ibove, held an	Autopsy inspection or Inquiry eeased died on th , homicide , to EXAMINER 23	thereon and fro
15	A. BURIAL, C. N. REMOVAL (S	D BY REGISTRAR	1957	PAG NAME OF CEMETE	RY OR CREMATORY 240,000 25. FUNERAL DIRECTOR		

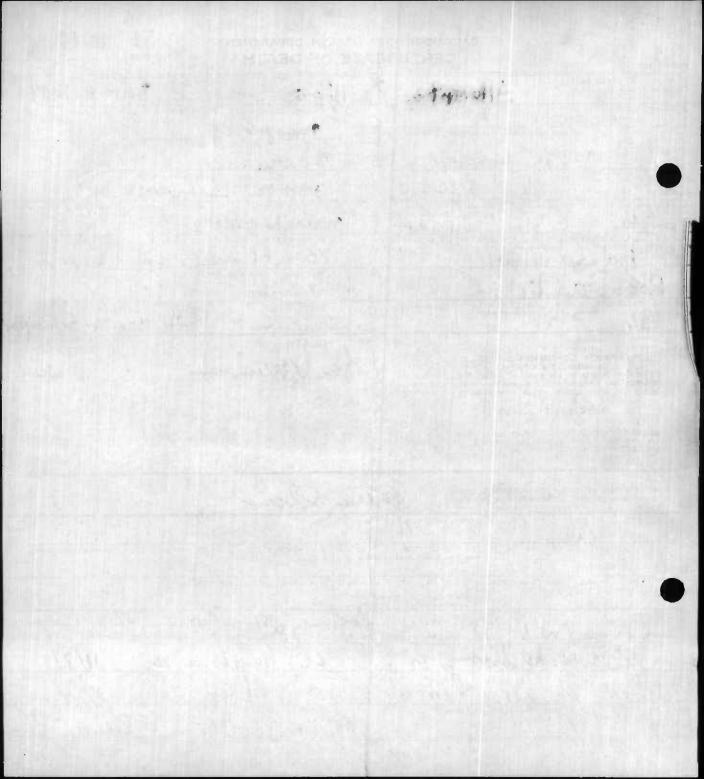
VS 151

Mrs Ketie R. Williams Schrederst



## BALTIMORE CITY HEALTH DEPARTMENT

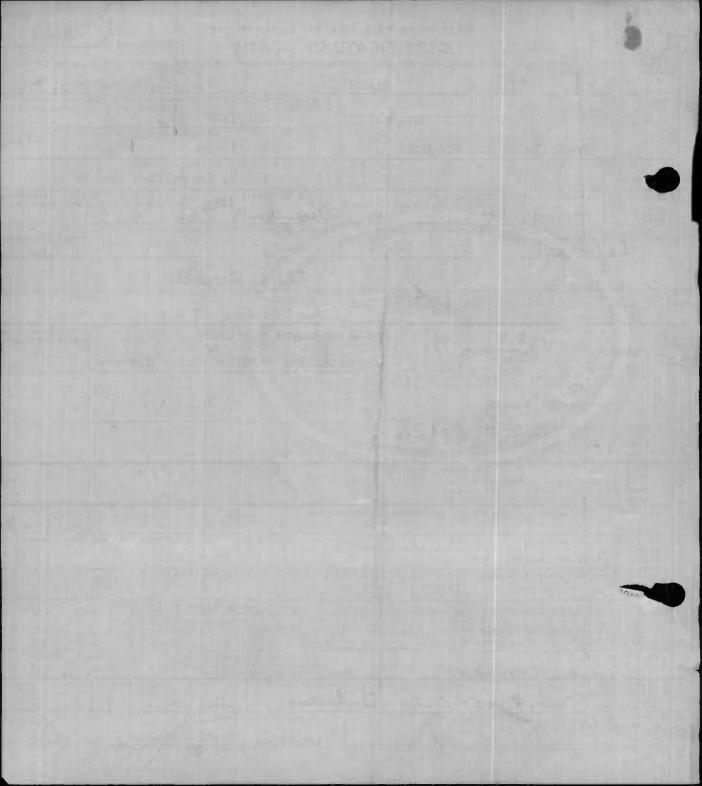
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	11108 2. DATE POV. 6, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR	mary land
INSTITUTION 320 % Sale mades it	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi
Yrs.	D. STREET ADDRESS (If gural, give location)
c. Length of stay in Baltimore Days	Dann. Achinedal H
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) last birthday) Months Days Hours Min
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRED)  ON O	11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. ALTURO 11. PAGE 11. ALTURNO
Robert Cornill	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL  Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No seeming	Camille of White 320 n. schroels
	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 12/11/11
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Jul Vivillande 3 Gars
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	-
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	in bleen
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	
	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
P. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	1951, to 751.6 , 197, that I last saw th
degensed alive on 1914, and that death occu	
	23B. ADDRESS ACCURATE SIGNED
M. D.  24A. BURIAL, GREMA- 24B. DATE   ZIZ/NAVE OBCEMATI	ERY OF CREMATORY 4.4b. LOCAPION (City, town, or county) (State)
See (Specify) 9/20 0 1051 9/1+ (116)	La Rema Parta Mal
PATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AUDRESS 23.2 N
PGAL BEGISTRAR LEVY TALLING	marketin R. William School N
	The same of the sa



## BALTIMORE CITY HEALTH DEPARTMENT

51 9615

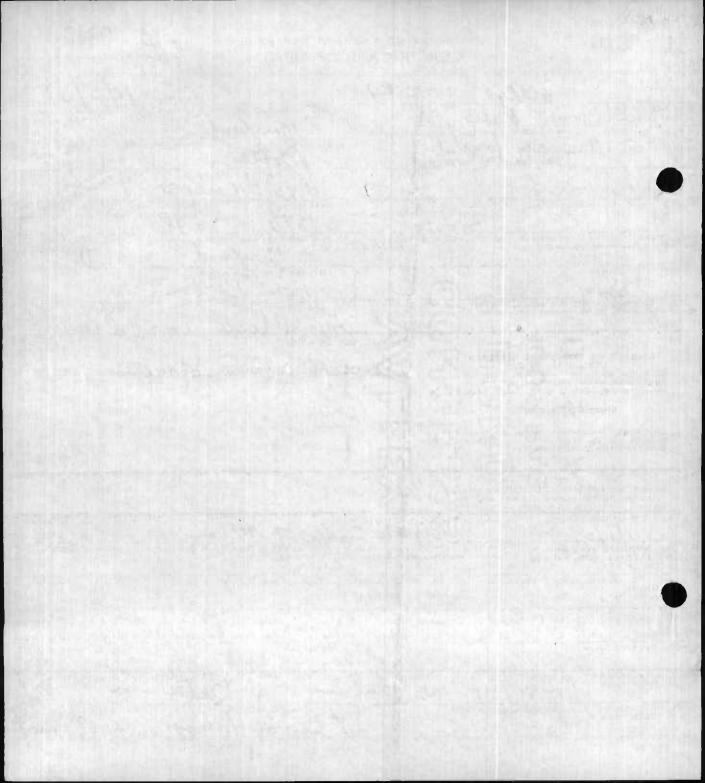
	URTH NO.			CERTIFICATI	E OF DEATH	Registered	110,
1	. NAME OF D					2. DATE	
	Type or Print)		LIAM	PLUMME			ember 5, 1951
	. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	f institution : residence before admission
В	FULL NAME		al or instituti	ion, give street address or location)	Maryland		
	NSTITUTION	Franklin Sc	mara Ho		c. CITY OR TOWN (If Baltimor		its, write RURAL and gi- township
1		Franklin bo	uare in	Yrs.	D. STREET ADDRESS (If		10 0 has
	of s	stay in Baltimore		Mos. Days	421 N. C	arrollton A	venue
5	. SEX	6. COLOR OR RACE		MARRIED, ED, DIYORCED (Specify)	8. DATE OF BIRTH 1801	9. AGE (In years	if Under   Year   If Under 24 Hours   Mir
Ш	Male	Colored	A 4	NICO (Specify)	December 10,	58	Days Hours Mil
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
-	1	borer		Con	Georgia		U.S.A.
1 3	3. FATHER'S	NAME			14. MOTHER'S MAIDEN NA		
1		Plummer ED EVER IN U. S. ARMED	FORCECA	I 16. SOCIAL	Clla Roz		
(Y	ea, no or unknown)	(If yes, give war or date		SECURITY NO.	17. INFORMANT		ADDRESS
	Und	moun			Ella Plummer, 47	ar carrollu	INTERVAL BETWEE
	18. 4	13 × 1		CAUSE	OF DEATH		ONSET AND OEA
	1	SE OR CONDITION LEADING TO DEA s not mean the mode of	TH	Hyper	rtensive cardiovas	cular disea	se
11-	heart fail	ure, asthenia, etc. It mes complication which	ns the diseas	se, (A)s	······	***************************************	***************************************
11	injury or	ANTECEDENT CAUS		., 502 10			
W_				(B)	***************************************	***************************************	
NOIF	RISE TO	S OR CONDITIONS, I	STATING TH				
		YING CONDITION LA	ST.	(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************
ERTIFICA		11					
F	OTHER S	SIGNIFICANT CONDI G TO THE DEATH, BUT	NOT RELATE	ED			
CE		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
1							YES NO
ICA	21A. EXTER	NAL CAUSE WAS	2 1B. PLA	CE OF INJURY (e. g., i arm, factory, street, office bldg		f in Baltimore City,	give exact location)
EDI		CAUSE OF DEATH.					
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I certi	fy that I took char	ge of the	remains described of	bove, held an Inspecti	on & Inquir	I thereon and fro
	the ev	idence obtained by	said Auto	psy, Inspection or	Inquiry, find that said de	eccased died on t	the day stated abov
	23A. SIGNA		resulted f	rom: <u>natural cause</u>	23B. CHIEF MEDICAL B		3c. DATE SIGNED
	1 1-	Olia Ux	nn X	2 / M	ASSISTANT MEDICAL E	EXAMINER	Nov. 6. 1951
2	4A. BURIAL.		2	NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town	n, or county) (State
_	Buri	al hor. 9,	1951	mt. an	but Ba	llo-	Md.
T	ATE RECEIVE	PAP	4.02		25. FUNERAL DIRECTOR		ADDRESS 3221
			1711		Mrs Kates C. M	Mame	Schoder
V	S 151			97 0	66	0	925



### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered No.

BIRTH	NO.			CERTIFICA	TE OF BEATH		
	ME OF DECE or Print)	GEO.	RGE	LOWERY		2. DATE OF DEATH	11/5/51
A. Bal	CE OF DEAT timore City	н: , Maryland	Balto	., old.	4. USUAL RESIDENCE	(Where deceased li-	ved. If institution: residence TY before admission)
HOSPI	L NAME OF TAL OR TUTION	Inwesty Lond	Hospe	ion, give street address location lellocation		(If butside corporat	e limits, write RURAL and give township)
c. he.	gth of stay	in Baltimore	0	Yr. Mo Da	8. 11 16 N.	(If rural, give locati	on) 16-61
5. SEX	6.0	COLOR OR RACE		E, MARRIED, VED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In ye.	mrs If Under 1 Year y) Months Days Hours Min.
10A. U.	SUAL OCCUP during most of wor	ATION (Give kind of king life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of Mary	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	THER'S NAM	E VIV			14. MOTHER'S MAIDEN	30%	
Yes, no c	S DECEASED E	VER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO	17 INFORMANT )	ee 1145	n. Carey St
I CALICALION	heart failure, a injury or com  ANT  DISEASES OF RISE TO THE A UNDERLYING	mean the mode of sthenia, etc. It means the mode of the sthenia, etc. It means the sthenia of th	ans the disease caused death SES F ANY, GIVIN STATING TH	(B)		)	
3	TRIBUTING TO	IFICANT CONDI THE DEATH, BUT SE OR CONDITION	NOT RELATE	T		=	
19/	DATE OF O	5/	9B. MAJOB	roperable		tem	YES NO
LY CA	ING OR CO	WAS UNDER- DNTRIBUTING TH TH	about home, f	CEOF INJURY (e. garm, factory, atreet, office ble	RRED 21F, HOW DID INJ		City, give exact location)
de	· I hereby ce ccased alive	on Del 5	ended the		orred at 830 A m., from	m the causes and	1957, that I last saw the
		18 Dore		м. D.		ild Boltin	me 1007, 1954
24A. TION, R	BURIAL, CREM EMOVAL (Special	AA- 24B. DATE	-1951	ME OF CEME	THRY OR CREMATORY   MAIL	Ballen	(State)
LOCAL	RECEIVED B	Y RIGISTRAR	"- 19/18 -	RE	25. FUNGRAL DIRECTO	Ruggolo	1463M Carey
\	/S 150		THE	aprical late	9004	( ) ( )	460

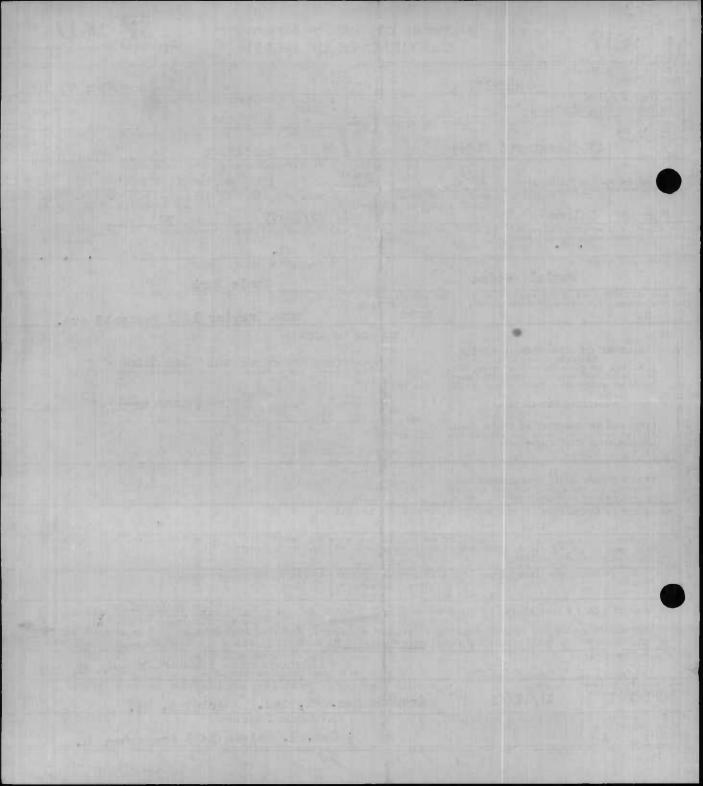


# CERTIFICATE OF DEATH S1 9617 Registered No.

В	IRTH NO.			OLIVIII IOIVI	L OI DEAT		
1	NAME OF D	ECEASED				2. DATE	
1.	Type or Frint)	HE	NRIETTA	HIC	KS	DEATH NO	ovember 7. 1951
	. PLACE OF E	City, Maryland			4. USUAL RESID	ENCE (Where deceased live B. COUNT	ed. If institution: residence Y before admission
8.	FULL NAME		al or instituti	on, give street address or location)		yland	
11	NSTITUTION	1709 Westwoo	d Stree		C. CITT ON TOWN		limits, write RURAL and give township
		2707 11000000	00100	Yrs.		timore ESS (If rural, give location	m)
c	gth of s	stay in Baltimore	Life	Mos. Days		9 Westwood Stre	la and the
5	. SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRT		rs     Bader   Yest   If Under 24 Hours   Months: Days   Hours: Min.
-10	Female	Colored		W	5/30/77	74	
MOI.	k done during most	CUPATION (Give kind of of working life even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		A10 77 0			Md.		U.S.A.
1.	3. FATHER'S I	Daniel De	andam		14. MOTHER'S MA	IDEN NAME	
-11	S WAS DECEAS					nie Burk	
(Y	m. no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	no			none	Anna Ti	raylor 1709 Wes	twood Ave.
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA's not mean the mode of are, asthenia, etc. It mean complication which of anticolors of the complication which of anticolors of the Above Cause (A) YING CONDITION LA II GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH  of dying, e. g  ns the diseas: aused death  SES  F ANY, GIVIN  STATING TH  ST.  TIONS CON  NOT RELATE	(B)		diovascular dis	ease
U	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	21B. PLA about home, fe	CE OF INJURY (e. g., in rm.factory,street,office bldg.,e	a or 21c. WHERE D		ity, give exact location)
Σ	OF INJURY	(Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK	21f. HOW DID	INJURY OCCUR?	
	the evi	idence obtained by ath in my opinion	said Auto	psu. Inspection or I	nquiry, find that  K, accident   23B CHIEF ME	Autopsy, Inspection or Inquestion of Autopsy, Inspection or Inquestion of Suicide [], homicide [EDICAL EXAMINER]	n the day stated above, , undetermined    23c. DATE SIGNED
2	Wil	un Sho	2XX		D. MEDICAL INV	ESTIGATOR	Nov. 8, 1951
Tic	BULLAL (S	pecify) 248. DATE 11/10/		<u> </u>	m. Pk, Inc.	Arbutus. Md	
LC	ATE RECEIVED				25. FUNERAL DIR		ADDRESS

V S 151

Des. G. Kelson V



64	2
51	9618

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

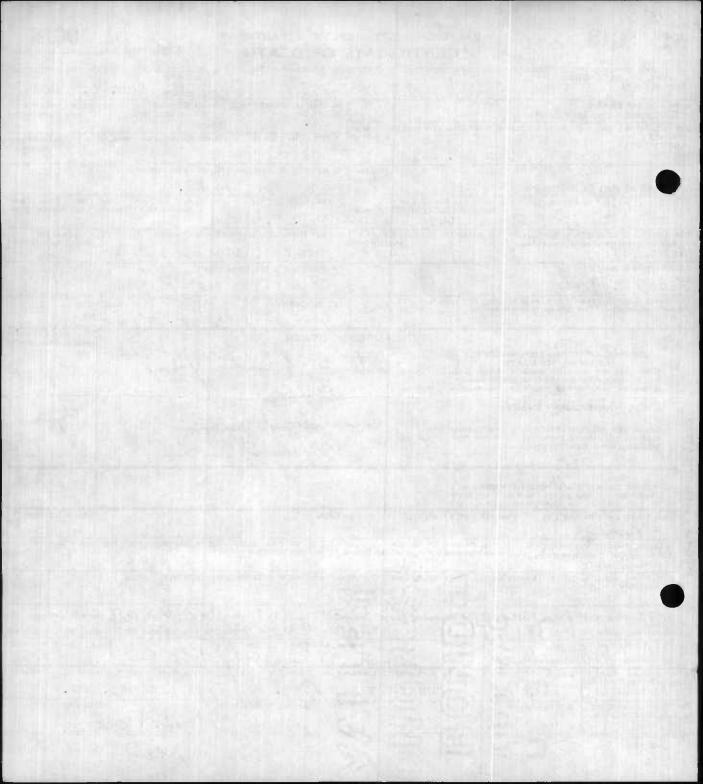
SALLIE BROWN FROELICH

Segistered No. 9618

2. DATE OF NOV. 6, 1951

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

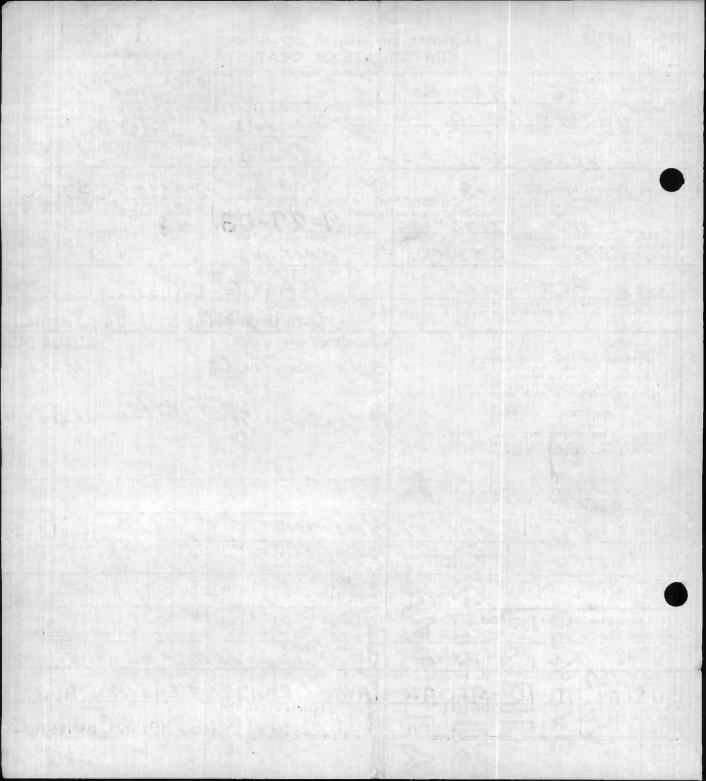
A. Daltimore City, Maryland					Md.	5. 666111	belove administrary	
HC	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)				
IN	STITUTION	3800 Eger	ton Ro	1.	Baltimor	***	township)	
- 14				Yrs.		SS (If rural, give location	n)	
c.	gth of s	tay in Baltimore		Mos. Days	3800 Ege	rton Rd.		
5.	SEX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH		Months: Days Hours: Min.	
	emale	white	wic	ved, DIVORCED (Specify)	Aug. 7,	1867 74		
work	A. USUAL OC done during most lousewij	CUPATION (Give kind of of working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	Pennsylv	State or foreign country)  ania	12, CITIZEN OF WHAT COUNTRY?	
	. FATHER'S				14. MOTHER'S MA	IDEN NAME	7.0	
h	lenry F.	. Brown			Catherin	e Fischer		
(You	. WAS DECEAS	ED EVER IN U, S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Kat	herine S. Fr	ADDRESS 0elich-3800	
1	18. )/-			CAUCE	OF DEATH		EGERTOR BETWEEN	
	77	0.01	DIDECK			1.	ONSET AND DEATH	
	DISEAS	SE OR CONDITION	TH	· Cate	ni - Scle	te 14 8	S.	
	heart failu	not mean the mode oure, asthenia, etc. It mea	ns the diseas	se, (A)sise.			- Jus	
	injury or	complication which	caused deatl	L) DUE TO	Disease			
	ANTECEDENT CAUSES							
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING (B)							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
V	UNDERL	TING CONDITION D	151.	(C)	1 delesons	J1		
F								
ERTI	OTHER S	II SIGNIFICANT COND	ITIONS CO	N-				
		TO THE DEATH, BUT						
				FINDINGS OF OPER	ATION		20. AUTOPSY?	
AL	pro	ne.					YES NO	
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL. about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	a or 21c. WHERE D		ity, give exact location)	
Σ	21D. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
ľ	INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK	-4- 105	Li hor. le	1951, that I last saw the	
	22. I heret	y certify that I at	tended the	deceased from Jul	12.30	from the arrivage and	on the date stated above	
П	23A. GIGNA		_, 19_7,		38, ADDRESS	, from the causes and	23c. DATE SIGNED	
	Tail	L. Chamber	~	м. D.	4108. fil	outs 145. am	- 11/7/51	
24	4A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE				
110	Removal (	11/9/	51	Punxsutawn	ey Cem.	Punxsutaw	ney, Pa.	
Di	ATE RECEIVE	D BY   REGISTRAR	S SIGNAT	URE	25 FUNERAL DIR	ECTOR.	ADDRESS	
WC	N.8 - 19	51 1 material	不得他。	that, it	2/m. 4	Vickener V	Spis -	
=	VS 150	- 10	, married trans			1200	to mid	
					y V	Joal	011,000	
						_	427	



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9619 Registered No.

BIRTH NO.				e or bearn		
1. NAME OF C (Type or Print)	ROSE	MASS	on		OF NOY.	6-1951
	City, Maryland  OF * (If not in hospit	BALTO.		A. STATE	Where deceased lived, If instance B. COUNTY	titution; residence before admission)
HOSPITAL OR	OF \$ (If not in nospit	tal or institution,	location)		outside corporate limits, w	
Take States	THEBAN	HOSP		13 ML. T.O.	26-6	township)
c. Length of	stay in Baltimore	48	Mos. Days		rural, give location) ONKLING	ST
5. SEX	6. COLOR OR RACE	7. SINGLE, M WIDOWED	IARRIED. DIYORCED (Specify)	9 27 503	9. AGE (In years last birthday) Month	s Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	I TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF WHAT COUNTRY?
HOUSE L	NIFE	ATH	OME.	BALT. MD.		U.S.A.
JOSEP	H B. 57	BHES		MARY E.	CRISP	
15. WAS DECEAS Yes, oo or onloowo)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	SECURITY NO.	17. INFORMANT	ASSON TO	9 S. Conkus
18.	78 X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY	0.1	a Paritoulie		ONSET AND DEATH
(This doe	LEADING TO DEA es not mean the mode ure, asthenia, etc. It me	of dying, e. g.,	(A) /51/	e Garrann		14 hr.
	c complication which		DUE TO			
7	ANTECEDENT CAU	SE <b>S</b>	Rom	oration of.	Intertino	18hz
DISEASE	S OR CONDITIONS,	IF ANY, GIVING				
UNDERL	THE ABOVE CAUSE (A)	AST.	DUE TO			
			(C)			
OTHER	II SIGNIFICANT COND	ITIONS CON-				
	IG TO THE DEATH, BUT DISEASE OR CONDITION		***************************************			
19A. DATE	OF OPERATION	19B. MAJOR FI	NDINGS OF OPER	ATION IT 15	· ·	20. AUTOPSY?
21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		OF INJURY (e. g., ir factory, street, office bldg., e		f in Baltimore City, give	
Z ZIME	(Month) (Dout (Yeen	) (Hour)   Dim	IN HIRV OCCUPA	ED 21F. HOW DID INJURY	A OCCUPA	
INJURY	(Month) (Day) (Year	(NOUP) ZIE	. INJURY OCCURRE	ZIF. HOW DID INSORT	OCCORT	
		m. wo		20 t 6 1051 2	100 6 , 195/, t	7 . 7 7
	by certify that I at	tended the ded	that death occur	red at 8.15 m., from ti		
23A. SIGNA		1351, 000		3B. ADDRESS		3c. DATE SIGNED
" u	rellione V.	13 BM	M.D.	LUTHERAN.	HOSP. Md	100/9/1951
TION REMOVAL (	Specify)	7-51 0	AK LAV	VN CEM. 72	OCATION (City, town, or 25 EASTERI	V AVE,
DATE RECEIVE	D BY REGISTRAR	SISIGNATURE	NE C	25. FUNERAL DIRECTOR	10, 901 S C	ONKLINGS.
VS 150	17.431			6	101010	UNIT-IN SOL
			-			1 1 2

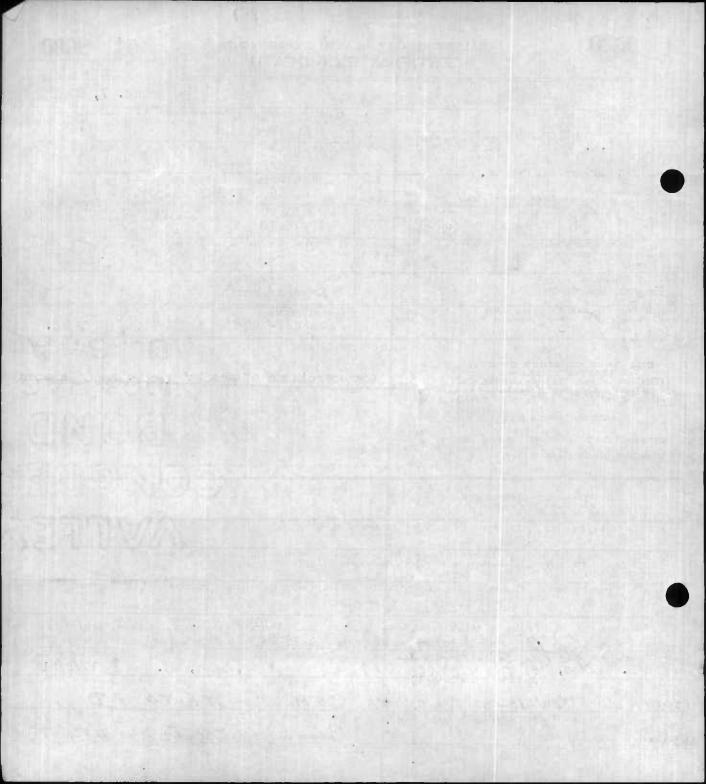


-516 51 9820

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9620

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) ARTHUR	GRAHAM HUMPHRIES		DEATH	7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	R COLINITY	nstitution : residence before admission)		
B. FULL NAME OF (If not in hospital OR U.S. Public I		or	f outside corporate limits.	write RURAL and give township)		
An Pk. Drive & 31s						
c. Length of stay in Baltimore	10 days Mo	3. 1000 S.	Paca Street	2-1-01		
5. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec Single	8. DATE OF BIRTH	9. AGE (in years lf l last birthday) Mon 71	Under 1 Year Wunder 24 Hours aths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	108. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
DAVID Humphries		Maggie Toomon				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT		DDRESS		
Yes   WW I - USA	?	Records- US PE	S HUSPITAL, B	ALTO, Ma.		
Z O DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA:  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT IT RIBUTING TO THE DEATH RIBUTING TO THE D	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19	98. MAJOR FINDINGS OF OF	PERATION		20. AUTOPSY7		
¥				YES X NO		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. about home, farm, factory, street, office ble		(If in Baltimore City, g	ive exact location)		
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from Oct. 28, 1951, to Nov. 7, 19 deceased alive on Nov. 7, 1991, and that death occurred at 11:45 Pm., from the causes and or				e date stated above.		
John L. Wilson, Medi	cal Director M. D.	US PHS Hospita , B	alto, Md.	23c. DATE SIGNED 11/8/51		
24A. BURIAL, CREMA 24B. DATE TION REMOVAL (Specify)  NOV-10	0-51 NATIONA	TERY OR CREMATORY 240. I	BALTO 1	D		
DATE RECEIVED BY REGISTRAR	SSIGNATURE	Bemard 6		E West St		
VS 150				51B		

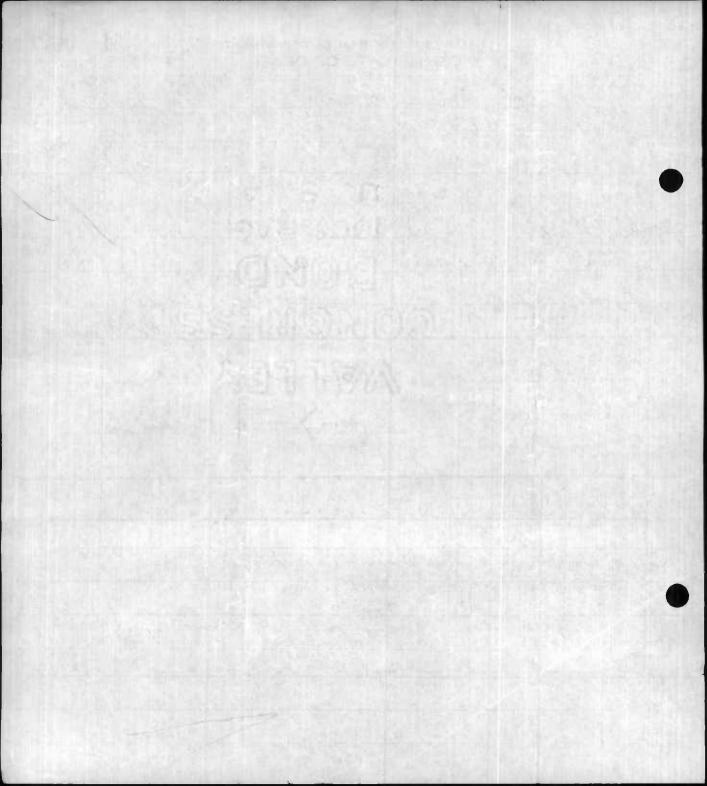


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## BALTIMORE CITY HEALTH DEPARTMENT

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1 2	JUST !

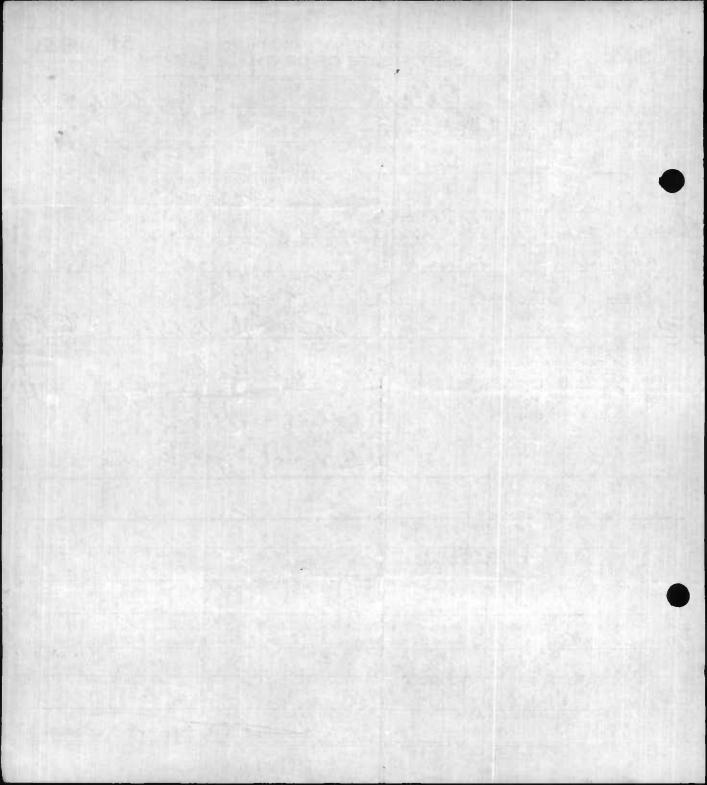
11 N9621	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:	Louise box	mes L4. USUAL RESIDENCE (Wh	2. DATE OF DEATH OF DEATH OF deceased lived If inc	med. 7, 1951
A. Baltimore City, Maryland / / /	1990mol Burd aution, give street address or location)	A. STATE MC	B. COUNTY	before admission)
	2 Yrs.	D. STREET ADDRESS (If re	aral, give location)	(ownship)
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SING	LE, MARRIED,	1147 Monod	9. AGE (In years) H Und	er 1 Year   If Under 24 Hours
	WED, DIVORCED (Specify)	Theb. 23, 1884	last birthday) Month	Bays Hours Min.
work done during most of Forking life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	Vleuge.	
15. WAS DECEASED EVER TO U.S. ARMED FORCES? (Yes, no or unknown) (if yes/give war or dates of service)	16. SOCIAL SECURITY NO.	Beskley Est	us 160 W.9.	RESS Madous Res
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, ctc. It means the dise injury or complication which caused des  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B) My	erebral Her hertename	corde m	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			20, AUTOPSY?
O'AL	LACE OF INJURY (o.g., i		in Baltimore City, give	YES NO W
	ne, farm, factory, street, office bldg.,		in Banninote Otty, give	CAUCE IOCALIVIE)
D. TIME (Month) (Day) (Year) (Hour) INJURY m.				
22. I hereby certify that I attended the deceased alive on 1/6/5/, 195/	, and that death occur		e causes and on the	date stated above.
24A. BURIAL CREMA- 24B. DATE Jay-	M. D.	RY OR CREMATORY 240. LO	CATION (City, town, or	county)/ (State)
DATE RECEIVED BY REGISTRAR'S SIGNA	Jen He	25. FUNERAL DIRECTOR	9. Co, 1	DDRESS
	Misure, Age	4. Howard	Evair	3 4
VS 150	1400	Si Chores Ed.	93)	39 Mas



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9622

BI	RTH NO.		100				
	NAME OF D	ECEASED	8.0	lilley		OF DEATH MO	W.6.195-1
Α.	PLACE OF D Baltimore ( FULL NAME	City, Maryland	504 96	aneous so	A. STATE MA	Where deceased lived, If B. COUNTY	finstitution: residence before admission)
HC	SPITAL OR STITUTION		-	location)	C, CITY OR TOWN (	If outside corporate limi	ty, write RURAL and give township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	1604 Hand	1.	
5.	SEX 1 male	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		if Under 1 Year on the Under 24 Hours onths Days Hours Min.
10. ork	done during most	CUPATION (Give kind of of working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	ril a Due	uald		14. MOTHER'S MAIDEN	Burnhar	15
15 Yes	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or lute	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Pris	n. H. 1374 Z	DDRESS Work DB
1	18.	/	ALLEY	CAUSE	OF DEATH	-404,000	INTERVAL BETWEEN
	DISEAS (This does heart failu	EE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of	TH  If dying, e. g.  ns the disease  aused death.	(A) Ca	Die Ja	ilure	ONSET AND DEATH
ICA I CON	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING		lignant H	yprkusi,	Non
CEN I	TRIBUTING	IGNIFICANT CONDI TO THE CEATH, BUT ISEASE OR CONDITION	NOT RELATE!				
AL	19A. DATE C	F OPERATION 0	9в. MAJOR	FINDINGS OF OPER	RATION		YES NO
FUL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
2	D. TIME INJURY	(Month) (Day) (Year		HILE AT NOT WHILE WORK AT WORK,		RY OCCUR?	•
	22 7 hand				Yan 19 48 to	NOUT 5 105	Z, that I last saw the
		y certify that I at live on NOU 5		and that death occur			the date stated above.
	23A. SIGNA	TURE .	ne		23B. ADDRESS	all fr.	23C. DATE SIGNED
24 TIC	DA. BURIAL, SON, ADMOVAL (S	CREMA- Specify)  MOV	9/451	4c. NAME OF CEMETE	RY OR CREMATORY 240.	HOCATION (City, town	Mid
LC	ATE RECEIVE		S'SIGNATU		a. Ballyd	Ellers 1400	Abballa 10
_		The second secon					

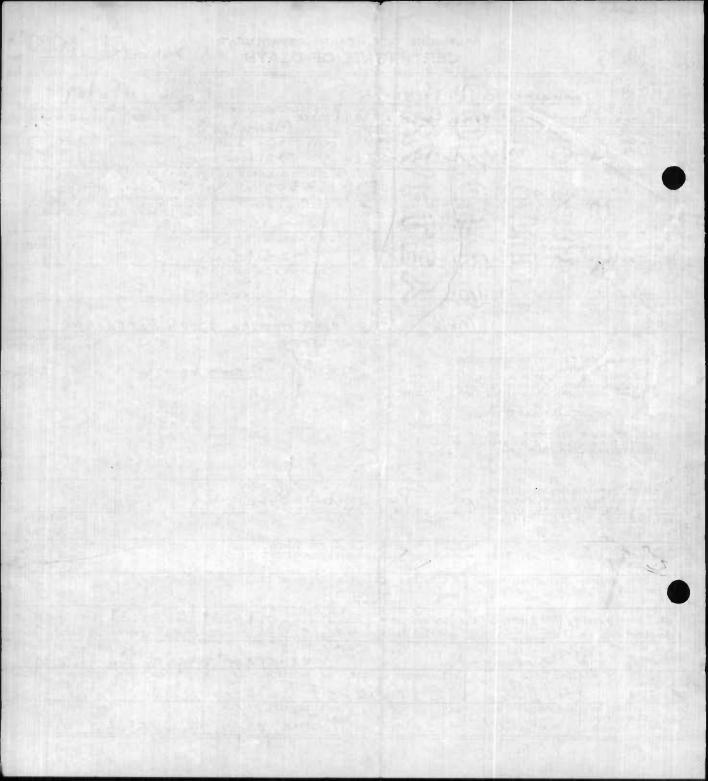


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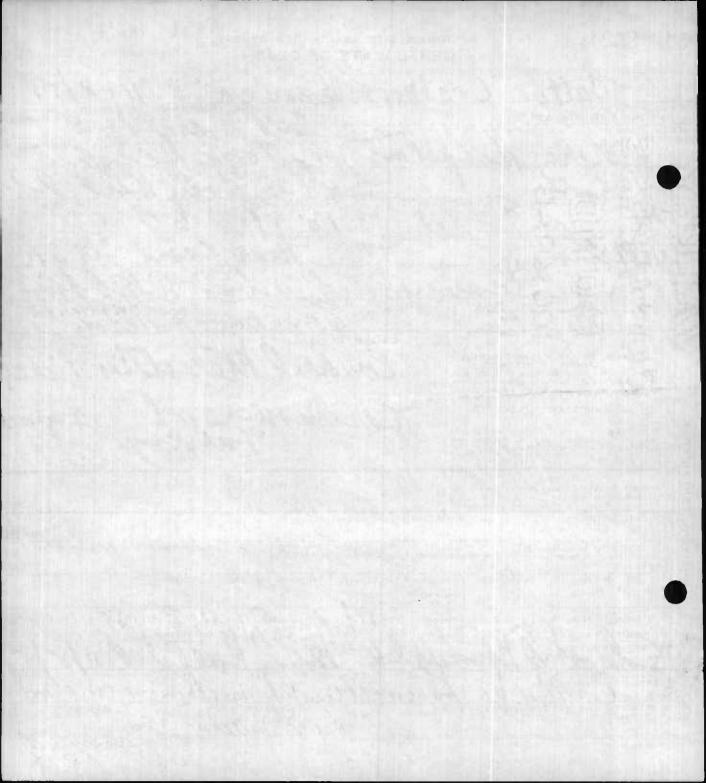
## BALTIMORE CITY HEALTH DEPARTMENT

gistered No. 9623

BI	RTH NO.		PERTIFICAT	E OF DEATH	8	
	NAME OF DECEASED ype or Print)	eurevê H	. HOPKINS		OF DEATH	6  51
A.	PLACE OF DEATH: Baltimore City, Maryl	and Lutherav	Hosp. of Mi.	4. USUAL RESIDENCE		stitution: residence before admission)
HO	FULL NAME OF (If not OSPITAL OR ISTITUTION LUKA-		n, give street ad ress or location)	C. CITY OR TOWN (1	f outside corporate limits.	write RUPAL and give township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	4
_	Length of stay in Balti		Mos. Days MARRIED.	8. DATE OF BIRTH	19. AGE (In years) HU	
	F W	Ma	D, DIVORCED (Specify	127045160	5-1	ths Days Hours Min.
	Book Karpet		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	11		14. MOTHER'S MAIDEN N		
15 (Ye		S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	18. 232X	b	216-01-0309 CAUSE	OF DEATH	2300 W. NAFTH	AVE.
	DISEASE OR CON LEADING (This does not mean the heart failure, asthenia, e	TO DEATH e mode of dying, e.g. tc. It means the disease	, (A)	erebral Thron	mboris	Z /2 Says
	injury or complication		OUE TO			
RTIFICATION	DISEASES OR CONDI	TIONS, IF ANY, GIVING				
IFIC			(C)			
CERT	OTHER SIGNIFICANT TRIBUTING TO THE OFF	TH, BUT NOT RELATED	rome	ystic Kidne	س	
CAL	19A. DATE OF OPERATIO		FINDINGS OF OPE	RATION		20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICID HOMICIDE (Specify)		CE OF INJURY (e. g., rm,factory,street,officebldg.		(If in Baltimore City, gi	ve exact location)
M	FINJURY (Month) (Da	w	1E. INJURY OCCURF		Y OCCUR?	
	22. I hereby certify th	at I attended the		1951 to_		that I last saw the
	deceased alive on 11	, 19 <b>5</b> , a	nd that death occu	rred at S 3 Pm., from 23B. ADDRESS	the causes and on the	e date stated above.
	Natola	anhowsh	M. O.	hotheran 1	LOCATION (City, town,	r county) (State)
TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify) BURIAL	19 /51 2	CaThed	ral Ba	altimore	Md.
	OCAL REGISTRAR	ISTRAR'S SIGNATUR		M. FAHEY + SONS	401 SUFFOL	K Rd
11	VS 150	\$4	3106	PIOII		8313



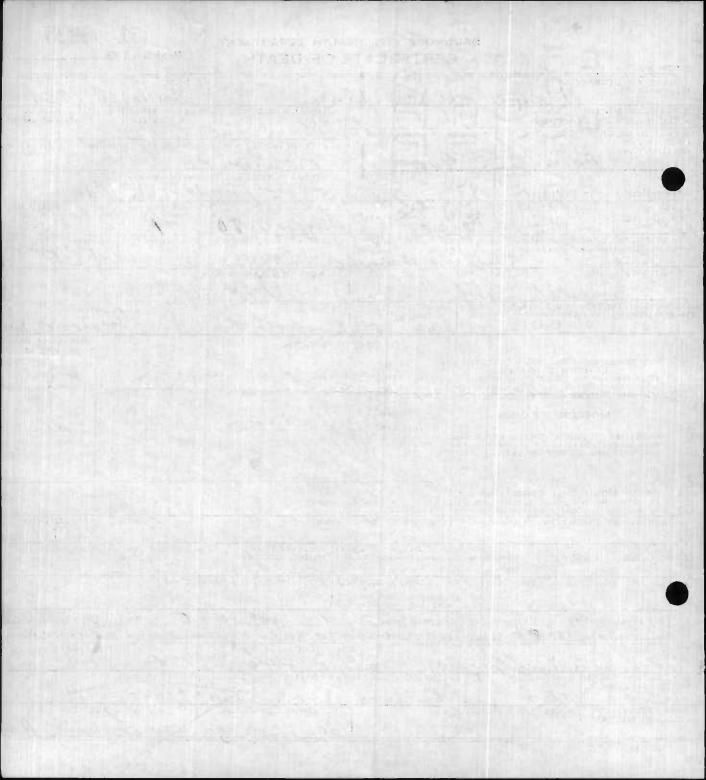
BALTIMORE CITY HEALTH DEPARTMENT. Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. I institution: residence A. Baltimore City, Maryland . COUNTY A. STAZ (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) perate limits write RURAP and give C. CITY OR TOWN (If outside c INSTITUTION of rural of Yrs. D. STREET ADDRESS c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH H Under 1 Year If Under 24 Hours tin years. birt day) Months Days Hours Min. OA. USUAL OCCUPATION (three kind of Ldone during of lot wo highlife, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. DITIZEN OF INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 3007 BM 94961 (If yes, give war or dates of service) unknown) SECURITY NO. Dequey INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 AL YES OIO 218. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from , 19 that I last saw the deceard alle on and that death occurred d from the causes and on the date stated above SIGN URE 23B. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE AME OF CEMETERY OR CREMATORY ION (City, town, or county) Busial REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR TURDON 1, SON VS 150



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9625 Registered No.

BI	RTH NO.							
	NAME OF DE	AdoL	H H	ENRU	14	hL	2. DATE OF DEATH NOV.	6,1951
	PLACE OF DE Baltimore C	EATH: ity, Maryland		7		. USUAL RESIDENCE (	Where deceased lived. If B. COUNTY	institution : residence before admission)
В.	FULL NAME O		al or institution	on, give street addres		MARYLAND	f outside company to Visit	s, write RURAL and give
IN	ISTITUTION	- MREDER	ick	0.5		Bulting	outside corporate limit	township)
7	0 100	/ KEGER				STREET ADDRESS Uf	rural, give location)	
		ay in Baltimore	Lit	E Da	os.		Ederick	HUE.
5.	SEX Yal-	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Spe	ecify) 8.	DATE OF BIRTH		onths Days Hours Min.
		CUPATION (Give kind nf		OF BUSINESS OF	11	. BIRTHPLACE (State or f	oreign courtry)	12. CITIZEN OF
wnr	dnne during most of	working life, even if retired)	WhoLES	INDUS	TRY	MARVIA	10 0	WHAT COUNTRY?
13	FATHER'S N	AME	, / /	A CONCERNO		MOTHER'S MUIDEN N	AME	97.0.77
	04	49451	TybL			Unk	nowh	
15 (Yo	, no or unknown)	D EVER IN U. S. ARME (If yes, give wer nr dete	FORCES?	16. SOCIAL SECURITY NO	0. 17	7. INFORMANT	A	DORESS
	No	NONE		216-01-55		Lizabeth Nul	1 5035 /	REDERICK HUE
	18. /8/	X		CAUS	SE OF	DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA not mean the mode	TH	(A) De	nera	lind Corein	matoris	6 Zues
	heart failui	re, asthenia, etc. It mes complication which	ans the disease	,				
	4 7 7 2	ANTECEDENT CAU	SES			21/11		2
NO	DISFASES	OR CONDITIONS,	F ANY CIVIN	(B) Ca	- 3	Bladder	********************************	272.
ATI	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH					
FIC				(C)				A STATE OF S
ERTI	OTHER S	II IGNIFICANT COND	ITIONS CON					
CE		TO THE DEATH, BUT SEASE OR CONDITION				***************************************		
7	19A. DATE OF	F OPERATION O	9B. MAJOR	FINDINGS OF O	PERAT	ION		20. AUTOPSY?
EDICA	21A. ACCIDE	NT, SUICIDE,		CE OF INJURY (e.			If in Baltimore City,	
MED	HOMICIDE	(Specify)	about hnme, fe	rm, fectory, street, nffice b	ldg., etc.)	INJURY OCCUR?		
-	PID. TIME (	Month) (Day) (Year		TE. INJURY OCCU		21F. HOW DID INJUR	Y OCCUR?	
b			m.	WORK NOT WI	RK L			
	22. I hereby	certify that I at	tended the	deceased from_=	3 -			, that I last saw the
	deceased all		193/. 0	and that death of		d at 10:45 P.m., from t	the causes and on t	he date stated above.
	Telebra	nK. Jac	lane	D M.D.	Can	Consville-28	s, my.	11-8-5,
2. TI	AA. BURIAL, CON, REMOVAL (S)	REMA- 248 DATE	2	4c. NAME OF CEM	ETERY	OR CREMATORY 24D. L	OCATION (City, town,	111
-	1 SURIA		5/	Loudo	n	FUNERAL DIRECTOR	4 LTIMORE	ADDRESS
	DCAL REGISTE	RAR	S SIGNATU	11.		SEO. L. Sehwa	6 212 1	1 . 1 1
=	10 Vs 750	951			^	DEO. L. SENWA	6 2101 FR	FORKICK HVE
	VS 150			2406	8			5213

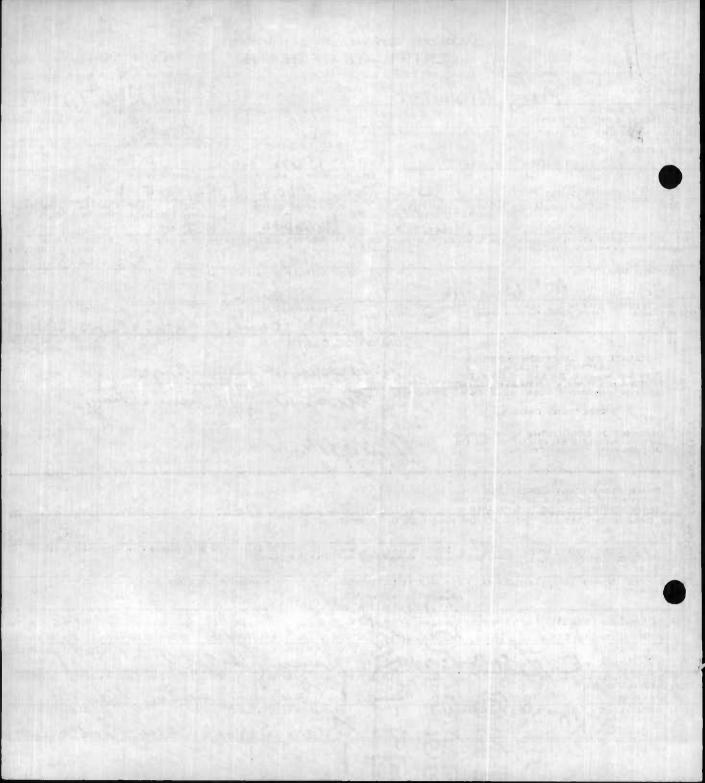


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

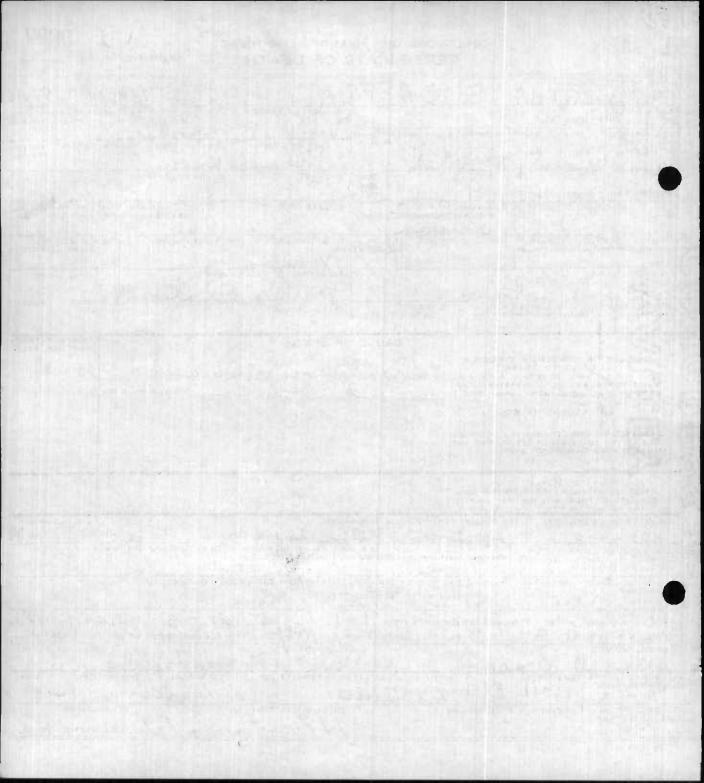
BIRTH NO.						
(Type or Print) Mary NidiFFer	2. DATE OF DEATH NOV. 7,1451					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Mel Balt.					
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
Muivorside dosp.	D. STREET ADDRESS (If rural, give location)					
Mos.	0					
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Hours					
WIDOWED, DIVORCED (Specify)						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
wark dane during most af warking life, even if retired) INDUSTRY	WHAT COUNTRY?					
13. FATHER SNAME	14. MOTHER'S MAIDEN NAME					
Cears M- Our						
15. WAS DECEMBED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no m naknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 2003 NCALUED. BOIL NO					
18. CAUSE (						
1 792.4	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a achieved blessendings					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING	<u> </u>					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ert Skuia					
<u>U</u>	Jo Julia					
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g., in	n ar   21C. WHERE DID (If in Baltimore City, give exact location)					
LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., e	in a 210. WHERE DID (31 III Battimore City, give exact location)					
CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?					
INJURY WHILE AT NOT WHILE						
m. WORK AT WORK						
22. I hereby certify that I attended the deceased from						
deceased alive on Nov. 7 1951 and that death occur	red at 12 Am., from the causes and on the date stated above.					
23A SIGNATURE & Monustros ham. D. 2	Concerning Confestal 236. DATE SIGNED					
24A BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE						
Bunal 11-10-51 St. PETER	S CEM. BALTO, Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
NOV 9-1951 ( The traction /////	GEO. L. Schwab 2101 FREDERICK AVE					
VC 150	9					

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51	9627

51 9627 BIRTH NO.		EALTH DEPARTMENT	Registered	51 9667 No
1. NAME OF DECEASED (Type or Print) BERTHA	F. DAFF	IN	2. DATE. OF DEATH NO	EMBER 8 195
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE		
B. FULL NAME OF (If not in hosping the control of t	tal or institution, give street address of location		If outside corporate limit	its, write RURAL and give township)
c. Length of stay in Baltimore	19 Days		f rural, give location)	5-00
6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED, BARRIED (Specify	8. DATE OF BIRTH		Il Under 1 Year onths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind o ork done during most of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME C	Quin	14. MOTHER'S MAIDEN	Que terre	9
15 WAS DECEASED EVER IN U.S. ARME Yes, no or unknowo) (If yes, give wer or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	DIRECTLY TH of dying, e. g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  (C)  ITIONS CON- NOT RELATED	OF DEATH	منسامه	INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING OR CAUSE OF DEATH  10. TIME (Month) (Day) (Year  INJURY	218. PLACE OF INJURY (e. g., sbout home, farm, factory, street, office bldg.,	is or 21c. WHERE DID INJURY OCCUR?		20. AUTOPSY? YES NO give exact location)
24A. FURIAL. CREMA- 24A. HURIAL. CREMA- 110N. BIMOVAL (Specify)	tended the deceased from II- , 19.51. and that death occu	m., 1951, to mrred at 10 m., from 23B. ADDRESS ERY OR CREMATORY 240.	the causes and on the causes and on the causes and on the causes and on the causes are the causes and the causes are the causes and the causes are the causes are the causes are the causes are the causes and the causes are the causes and the causes are the causes and the causes are the causes are the causes are the causes are the causes and the causes are the cause	23c. DATE SIGNED
GCAL REGISTRAR	on William &	II Franction	Son Foder	dsling mel

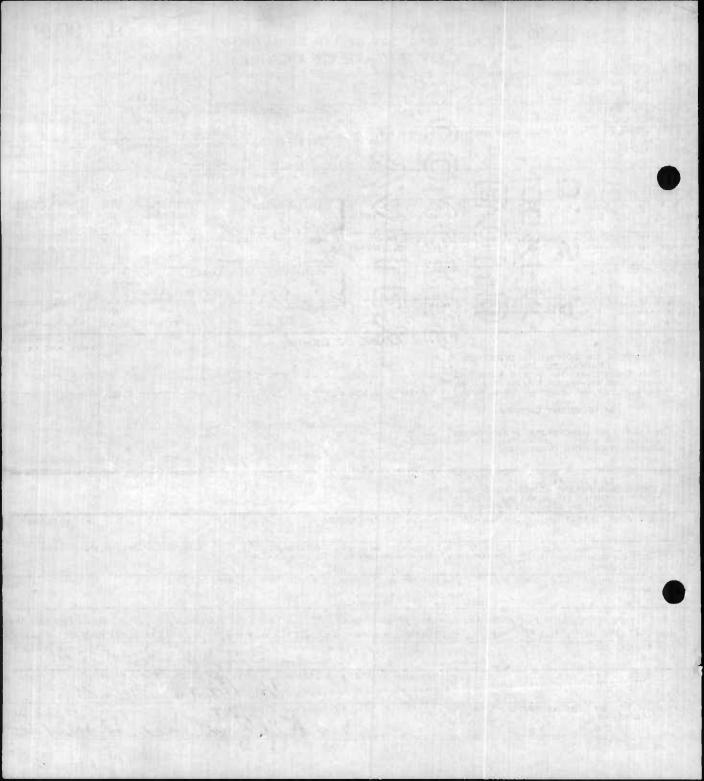


### BALTIMORE CITY HEALTH DEPARTMENT

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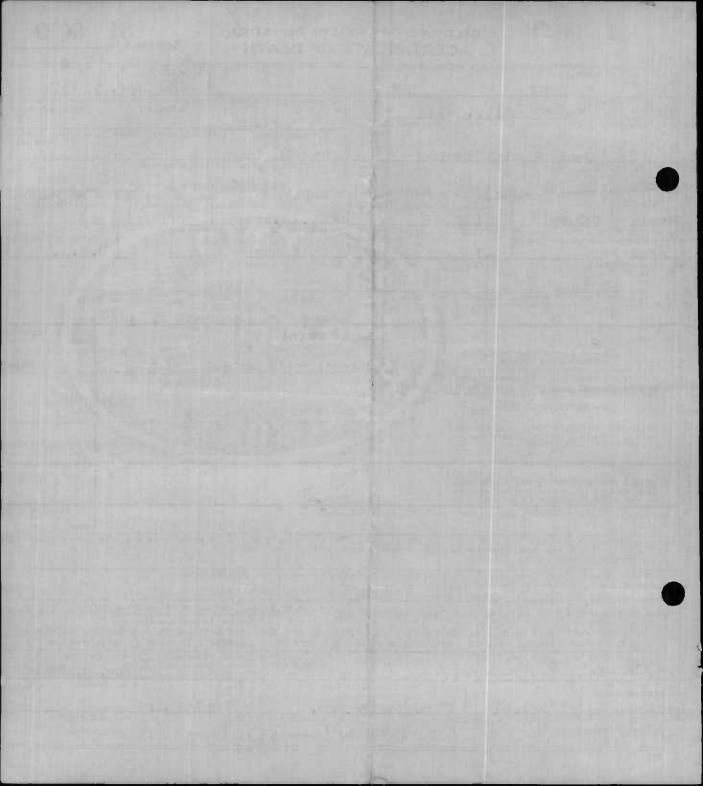
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED FID (Type or Print)	MAOPO . th	2	DATE OF DEATH 11-7-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland		A. STATE	e deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or ins	titution, give street address or location)		side corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rura	il, give location)
Male RACE 7 SIN	IGLÉ) MARRIED. DÓWED, DIVORCED (Specify)	8. DATE OF BIRTH 9.	AGE (In years li Under I Year li Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work does during most of morking life, even if retired)	CIND OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (State or foreig	rn country)   12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME William Smit	l-	14. MOTHER'S MAIDEN NAME Estelle H	fallett /
15 WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or onkoows) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Brother's W.	ADDRESS Cape Clarles, Va.
18. 0/0 ×		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the d injury or complication which caused of	e.g., (A) Tul	esculous Ine	migitis & days
ANTECEDENT CAUSES			+ (
DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	SIVING G THE DUE TO ,	introval ansu	min
	100	econdury to	(2-)
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED	none	
19a. DATE OF OPERATION   19B. MA	JOR FINDINGS OF OPER	RATION	20. AUTOPSY?
- I 21A. ACCIDENT WAS IINDER. I 410.	PLACE OF INJURY (e. g., it come, farm, factory, street, office bldg.,	o or 21c. WHERE DID (If in etc.) INJURY OCCUR?	Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		CCUR7
22. I hereby certify that I attended	the deceased from	v. 4 th, 1951/to hor	
deceased alive on how, 195	1. and that death occur	rred at 2,15p.m., from the c	
23A. SIGNATURE H. Skipl	M. D.	Unversity.	Hosp. 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C NAME OF CEMETE	aries da Cal	TION (City Joyn, or county) (State)
LOCAL REGISTRAR	I You sould have the	mrs Kytie R. Will	Land Schreder de

VS 150



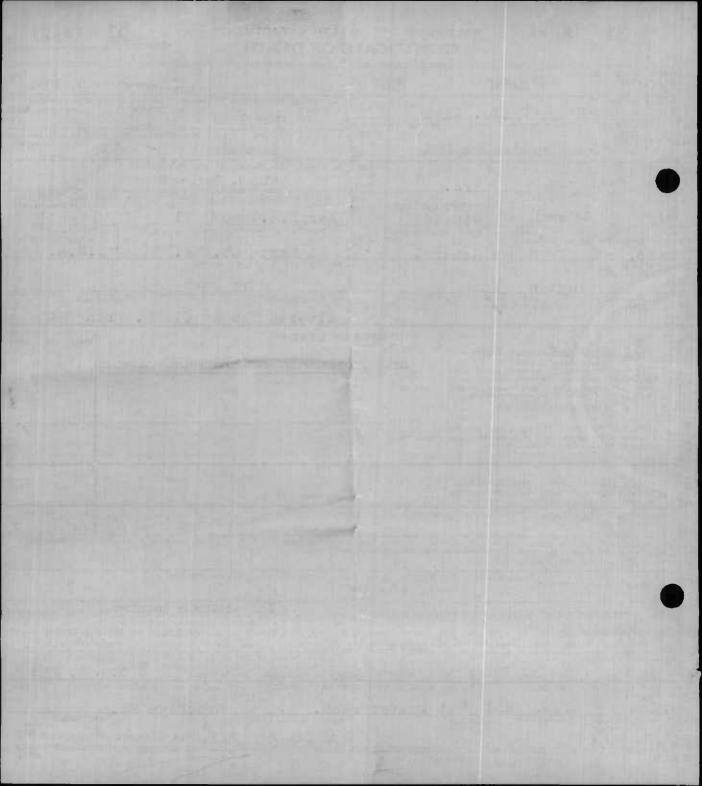
# 51 9629 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		CERTIFICATE	OF DEATH	- Register	rea No.
1. NAME OF DECEASED				2. DATE	
(Type or Print)	٨	HENSON		OF DEATH I	Nov. 5, 1951
3. PLACE OF DEATH:				NCE (Where deceased live	ed. If institution : residence
A. Baltimore City, Maryland		City	A. STATE	B. COUNT	Y before admission)
B. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION	ospital or instituti	on, give street address or location)	c. CITY OR TOWN		limits, write RURAL and give
Johns Ho	opkins Hos	pital	Baltin		-00
		Yrs. Mos.	D. STREET ADDRE	SS (If rural, give ocatio	n)
c. gth of stay in Baltimo:		Days		McElderry Street	
5. SEX 6. COLOR OR RA		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yea last birthday	rs   H Under   Year   H Under 24 Hours   Months   Days   Hours   Min.
Female Colored	Sing		sept. 19.18	96 55	
10A. USUAL OCCUPATION (Give k	ind of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		lome	Baltimor	e	U.S.A.
13. FATHER'S NAME	1 22 0 1.	<u> </u>	14. MOTHER'S MA		
TTITLE O MAN		- 0.00	11	nkovn	
15. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL	17. INFORMANT	HRUV II	ADDRESS
(Yes, no or unknown) (If yes, give war o		SECURITY NO.			
i i i		Hone	Jarrie Mha	mas 1514 Mer	
18. 422.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITI					
(This does not mean the in	node of dying, e. 1	Arterie	osclerotic c	ardiovascular	
heart failure, asthenia, etc. I injury or complication wb				disease	
ANTECEDENT	CAUSES				
DISEASES OR CONDITION			*******************************		***************************************
C RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO		HE DUE TO			
. K. J.		(C)		••••••••••••••••	
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING TO THE DEATH.					
OTHER SIGNIFICANT CO					
TO THE DISEASE OR COND					
U 19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY?
					YES NO X
21A. EXTERNAL CAUSE WA UNDERLYING   OR CONTI UTING   CAUSE OF DEA	RIB. about home,	CE OF INJURY (e. g., ir arm,factory,street, office bldg., e			City, give exact location)
Z 21D. TIME (Month) (Day) (	Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
FINJURY	m,	WHILE AT NOT WHILE			
22. I certify that I took			bove, held anins	pection & inquatory, Inspection or Inqu	iry thereon and from
the evidence obtained and death in my opin	d by said Autonion resulted f	psy, Inspection or I rom: natural causes	nguiry, find that	said deceased died of	on the day stated above, $\square$ , undetermined $\square$ .
Janley 1.	Dure	elee_ M	23B. CHIEF ME ASSISTANT ME D. MEDICAL INVE	DICAL EXAMINER X EDICAL EXAMINER X ESTIGATOR	Nov. 6, 1951
24A. BURIAL, CREMA, 24B. DA TION, REMOVAL (Specify)	TE :	24C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City,	town, or county) (State)
Lurial  11/9/	/1951	Mt Calvery_	Cem.	Laltimore	
	RAR'S SIGNATU		Elion DIR	Vilson 10th	Brontly we
V S 151		70.01	0		028
	911				



# 51 9630 BALTIMORE CITY HEALTH DEPARTMENT 51 5630

BIRTH NO.			CERTIFICATE	OF DEATH	Registered P	10,
1. NAME OF I (Type or Print)		ARRY	BUSH		2. DATE OF Novem	ber 6, 1951
3. PLACE OF L A. Baltimore	City, Maryland Ba		jtv ion, give street address or	4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased lived. If B. COUNTY	
HOSPITAL OR INSTITUTION	Johns Hopki		location)	c. CITY OR TOWN (If Baltimor		s, write RURAL and give township
c. Ogth of	stay in Baltimore	25 Yrs	Yrs. Mos. Days	D. STREET ADDRESS (If 612 N. S	rural, give location) pring Street	
5. SEX Male	6.COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH March. 2.1880		Under   Year   H Under 24 Hours   Min.
10A. USUAL OG work done during most	CCUPATION (Give kind of t of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S	NAME		neral	14. MOTHER'S MAIDEN N	AME	0.5.4.
15. WAS DECEAS	SED EVER IN U. S. ARME (If yos, give war or date	BUSh D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
(This do	ASE OR CONDITION LEADING TO DEA es not mean the mode lure, asthenia, etc. It me r complication which	TH of dying, e. r ans the diseas	g., Arterios	Alverta Thoma		INTERVAL BETWEEN
OTHER TRIBUTIN	ANTECEDENT CAU  ES OR CONDITIONS. THE ABOVE CAUSE (A) LYING CONDITION L  II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVIN STATING THAST.	(C)			
U 19A. DATE			FINDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS NG  OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City, g	give exact location)
	(Month) (Day) (Year		21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
the er	vidence obtained by eath in my opinion	said Auto	opsy, Inspection or I	bove, held an Inspect; Autopsy, nquiry, find that said d  , accident []. suicide    238 CHIEF MEDICAL   ASSISTANT MEDICAL	Inspection or Inquiry eceased died on th □, homicide □, u	e day stated above
24A. BURIAL. TION, REMOVAL (	Specify)		24c. NAME OF CEMETE	D.   MEDICAL INVESTIGAT	OCATION (City, town,	or county) (State)
Durial DATE RECEIVE LOCAL REGIST NOV 9 - 1	D BY   REGISTRAR	951   S SIGNATU		Com. T. FUNERAL DIRECTOR,	looklyn Md.	ADDRESS Brantley
V S 151			97099	0	93)	100

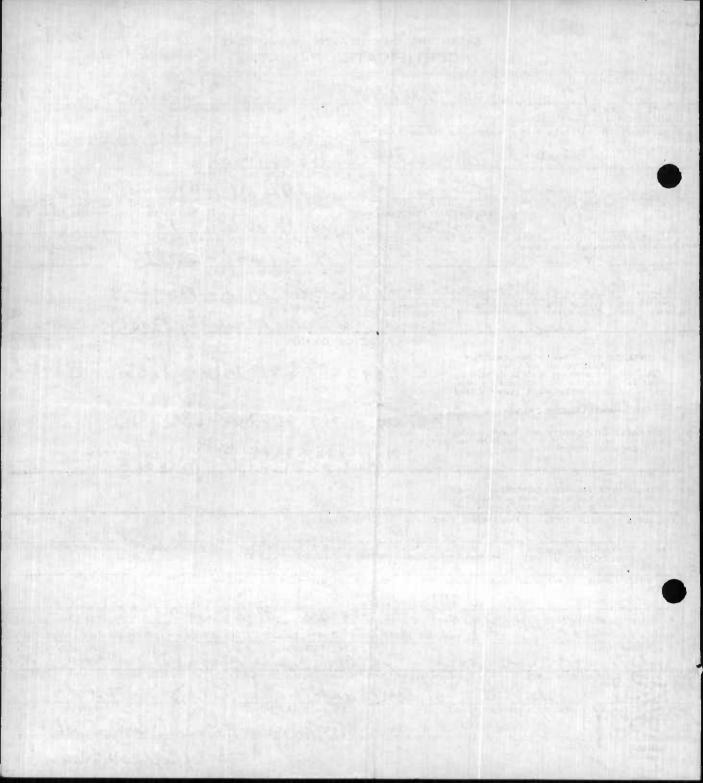


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9631

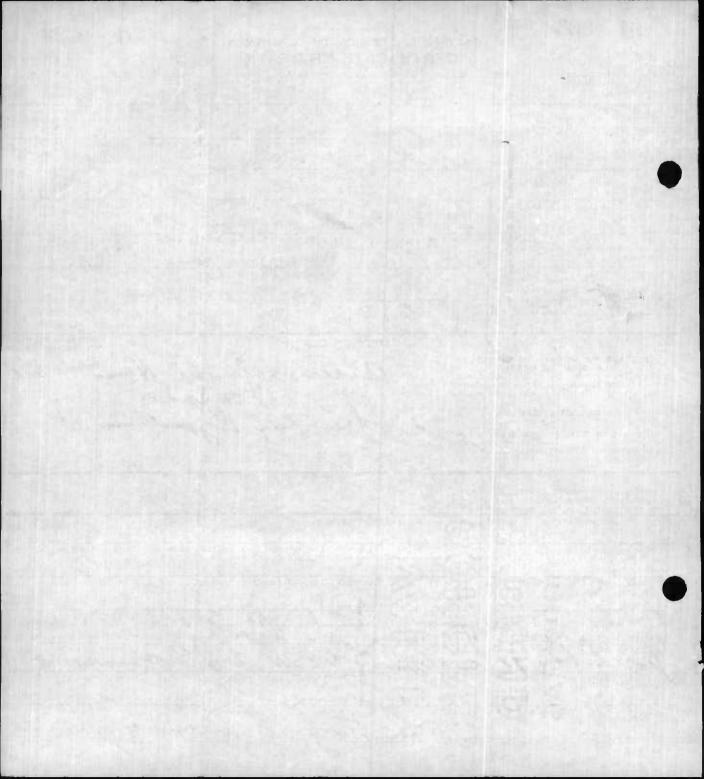
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) IDA MOMENTHY	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
INSTITUTION Unweranty Hospital	Boltimore 15-37
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	3302 Mondawmin Avo
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8, DATE OF BIRTH  9. AGE (In years If Under I Year If Under 24 Hours Min.  1 12 18 3
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	M. BIR HPLACE (State or foreign country)   12. CITIZEN OF
none	Mory I and - Balto U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I. Druno Momenthy	Coulie M. L. Moring
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war pr dates of service) SECURITY NO.	W. INFORMANT ADDRESS
no none	OF PEATH
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	scardial interesting   3 wKs
(This does not mean the mode of dying, e.g., heart failure, asthenia; etc. It means the disease, injury or complication which caused death.)	
Z ANTECEDENT CAUSES	nory orter, oschrosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
UNDERLYING CONDITION LAST.	Stronting anteriorcionis
OTHER SIGNIFICANT CONDITIONS CON-	digostrales d'ibel
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., iii) 21B. PLACE OF I	por   21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	ED 21- NOW BID IN HERY OCCUPA
O. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 100. 7 195 and that death occur	, ,
	rred at 1.15a.m., from the causes and on the date stated above.
Robert a. moore, fr. M.O.	University Hospital Nov. 7, 1851
24A. BURIAL, CREMA- 24B. DATE V 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Jurial 16010.1951 Loudon F	ark Balto ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OV 9 - 1951   sustil afor Millians /	M. This your IT Terefel sow 3311
VS 150	9 6 9 9 9 Pdumidani an
	12) while how we

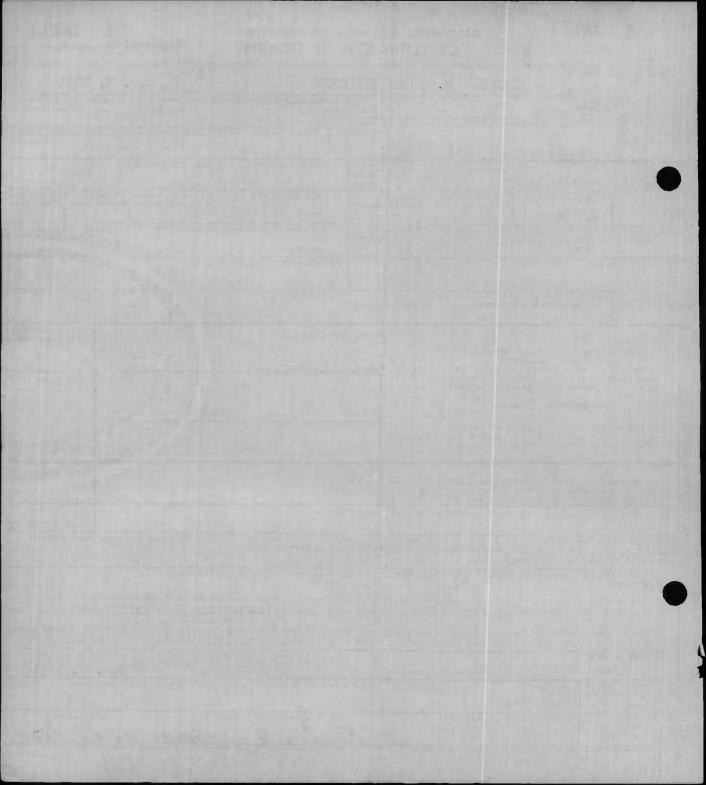


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	
I. NAME OF	DECEASED				2. DATE	
(Type or Print)		iom U	. Martin.		OF DEATH NOV	6 1051
3. PLACE OF		1811 1	le de la	4. USUAL RESIDENCE		
A. Baltimore	City, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAME		al or instituti	on, give street address or location)	Maryland		itit. DIVDAY
INSTITUTION			100201011)	C. CITY OR TOWN	if outside corporate in	nits, write RURAL and give township)
	3848 Quar	ry Ave	Э.	Raltimore	10"	00
		III David	Yrs. Mos.	D. STREET ADDRESS (	If rural, give location)	
c. Length of	stay in Baltimore		Days	3848 .uarr	v Ave	
5. SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under I Year H Under 24 Hours Months: Days Hours: Min.
Molo	1754+0	Marr		March 20.188		nontina Daja Houra Min.
10A. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
	tof working life, even if retired)		INDUSTRY			WHAT COUNTRY?
Retire		Gardne	er	Maryland		10.5.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
I	Joah Martin			Mary E. Ne	erryman	
	SED EVER IN U. S. ARMEI		16. SOCIAL	17. INFORMANT		ADDRESS
(168, DO OF BUSINESS	(1) You, give war or dave	s or service,	SECURITY NO.	Mary E. Marti	n 7010 0110	MATE ATTO
100 11 0	A 0		CAUCE		H. OCHO JUB	JINTERVAL BETWEEN
18. 4 2			CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION LEADING TO DEA		1	0	T 11	211
	es not mean the mode of	of dying, e. g	., (A)	tenosele	our Me	act of Mal
	lure, asthenia, etc. It mea r complication which o			10 0	00.0	
				Ne	Lyperten	
E COLUMN	ANTECEDENT CAUS	BES	8		/ /	
DISEAS	ES OR CONDITIONS, I	F ANY GIVIN	(B)	connay /	The same	
RISE TO	THE ABOVE CAUSE (A)	STATING TH			0.	
UNDER	YING CONDITION LA	AST.	(C)			
Ĕ						
E OTHER	SIGNIFICANT COND	ITIONE COL				SALES DAY
W TRIBUTIN	NG TO THE DEATH, BUT	NOT RELATE	.D			
	DISEASE OR CONDITION					1 00 01 00 00
J 19A. DATE	OF OPERATION O	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL				Lote Wilene Din	(Te la Dalaimon Cia	YES NO
= 21A. ACCI	DENT WAS UNDER- OR CONTRIBUTING		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(II in Baitimore City	y, give exact location)
D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
INJUR			WHILE AT NOT WHILE			
		m.	WORK AT WORK	167		-21
22. I here	by certify that I at	tended the	deceased from	, 1997, to_		5, that I last saw the
deceased	alive on Nov	5. 19. 5/	and that death occur	red at 11 5 m., from	the causes and on	the date stated above.
23A/SIGN	ATURE	nn	¥  3	3B. ADDRESS	10016	23c. DATE SIGNED
Ten	rad UM	ller	esteen M. D. E	48W 3	6 4	Nov-8,170
24AX BURIAL.	CREMA 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY   240	LOCATION (City, to	wn, or county) (State)
TION, REMOVAL	(Specify)	/				
Buris			St. Mary's		200 Roland	AVC NO.
DATE RECEIV		SIGNATE	W. C.	25. FUNERAL DIRECTOR	7	
NUV9-		from	Williamship M.	usun 6. No	novan. 38	18/Yoland
VS 150		7				ave.
75 150		4	430	10		93 D



LH 2/ 2000	
	EALTH DEPARTMENT 51 9633  Registered No.
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) GEORGE M. MC CULI	LOUGH 2. DATE OF Nov. 7, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Wyman Park.	Baltimore 60 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. gth of stay in Baltimore Days	No France
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   H Under I Year   It Under 24 Hours   Months; Days   Hours   Min.
Male   White   Divorced	Unknown 49
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	
13. FATHER'S NAME	Maryland U.S.
William Mc Cullough  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [ 16, SOCIAL	Sarah J. Pollinger.
(Yes, no or uoknown) (If yes, give war or dates of service) SECURITY NO.	Mrs.Wm.N.Burke 2901 Ross Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- C TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
Y 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg	io or   21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Mowth) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
the evidence obtained by said Autopsy, Inspection or	above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry Inquiry, find the said deceased died on the day stated above
23A. SISHATURE	S X, accident □, suicide □, homicide □, undetermined □.    238. CHIEF MEDICAL EXAMINER □   23c. DATE SIGNED
	4.D. ASSISTANT MEDICAL EXAMINER Nov. 7, 1951
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	
Burial   Nov 10/51   Mt.Olivet	Prederick Ro.ld
DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  NOV 9 - 1951	Tustin E. Donovan - 38/8 Noland
V S 151	no leve



BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Ida Storch	2. DATE OF November 8,1951
3. PLACE OF DEATH: a Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 4613 Park Meights Avenue	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Beltimore
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2800 Elsinor Avenue
female white TSINGLE, MARRIED.  6. COLOR OR RACE 7. SINGLE, MARRIED. WILDSWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years li Under I Year last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  NOUSEWITE OWN home	11. BIRTHPLACE (State or foreign country)  Austria  12. CITIZEN OF WHAT COUNTRY: USA
Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yee, no or unknown) (If yee, give wer or dates of service) SECURITY NO.	17. INFORMANT Leo Storch- 2406 Garrison Blvd.
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Broncho-preumonia / day  per Respir. Infer. 3 days
FI UNDERLING CONDITION LAST.	trio-sclerotic Cardio-vase Dis. Years
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (c. g., about home, farm, factory, atreet, office bldg.,	
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURS WHILE AT NOT WHILE AT WORK AT WORK	
	March, 1978 to Most. 8, 1951, that I last saw the rred at 8 p.m., from the causes and on the date stated above 23B. ADDRESS 23C. DATE SIGNED

206 A. Gilmos St. Non Y OR CREMATORY 240. LOCATION (City, town, or county) abram ? 24c. NAME OF CEMETERY OR CREMATORY

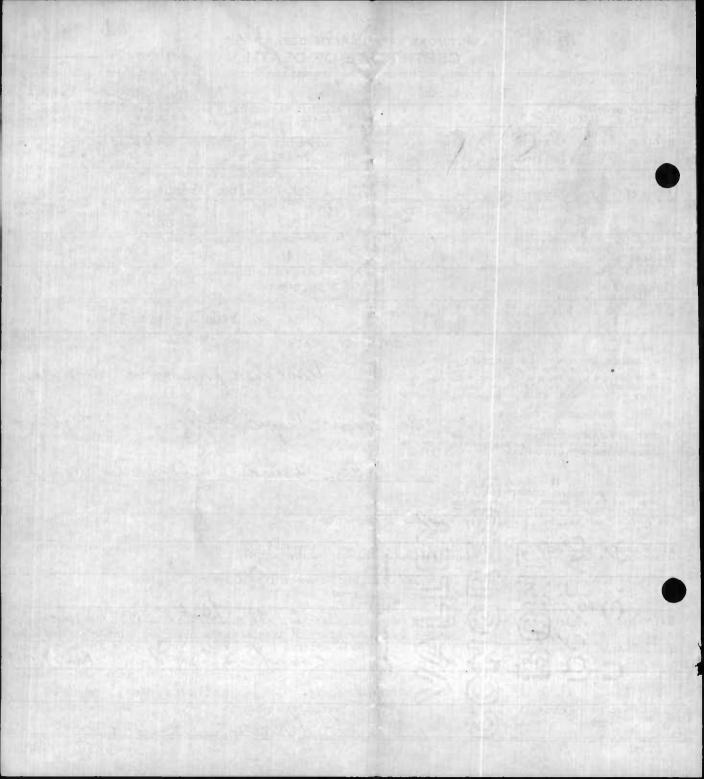
248. DATE \* 24A. BURIAL CREMA-TION, REMOVAL (Specify) 11/9/51

Ahavas Sholom Cong.

Baltimore, Maryland ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE,

VS 150



BIRTH NO.

1. NAME OF DECEASED (Type or Print)

51 9635

Maurice E. Skinner

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9635 Registered No.

2. DATE OF DEATH NOV. 7, 1951

3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, I B. COUNTY	If institution: residence before admission)
B. FULL NAME	OF (If not in hospit	al or institu	tion, give street address or		none	
HOSPITAL OR	abbarentry	at	location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
00	206 E. Redwood	at.		Baltimore	2	7-14 township)
			life Yrs.	D. STREET ADDRE	SS (If rural, give location)	
c. bength of	stay in Baltimore		Mos. Days	4701 Rolan	d Avenue	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
male	white	WIDOV	VED, DIVORCED (Specify), dowed		last hirthday) N	Months Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	108. KIN			tate or foreign country)	12. CITIZEN OF
Lawver	to working the, even il retired)		INDUSTRY	Baltimore,	Md.	U.S. WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MA		
m	- 01					
	s Skinner		1		nce Stansbury	
(Yes, no or unknowed	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Robert S. Sk	inner - 4614 Wil	mslow road
18. 14 2	0.1	1 1 1 1 1	CAUSE	OF DEATH		INTERVAL BETWEEN
To	1				1	ONSET AND DEATH
DISE	ASE OR CONDITION LEADING TO DEAT		1	TOVAN BC	aluse and	
	es not mean the mode of	f dying, e.		00007 (16)	acces "	
	lure, asthonia, etc. It mea r complication which c			, /		
			1 4	11	~	
	ANTECEDENT CAUS	ES	(1Min	resolvation	( a dis - ( as ent	· Aprene 1
DISEAS	ES OR CONDITIONS, IS	E ANY GIVE	(B)	- 8, 000% DC4	Costace Operation	
RISE TO	THE ABOVE CAUSE (A)	STATING T	HE DUE TO			
UNDERL	LYING CONDITION LA	ST,	(C)			
0			(0)	***************************************		
DISEASI RISE TO UNDERL	11					
OTHER	SIGNIFICANT CONDI					
	DISEASE DR CONDITION					
19A. DATE	OF OPERATION 1	9B. MAJOF	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCI						YES NO
U 214 ACCI	DENT WAS UNDER-	218. PL	ACE OF INJURY (e. g.,	in or   21c. WHERE D	ID (If in Baltimore City,	give exact location)
- : : : 10   1	OR CONTRIBUTING	about home	farm, factory, street, office bldg.,	etc.) INJURY OCCU	R?	
> CAUSE OF						
INJUR	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
		m.	WHILE AT NOT WHILE			
22 17	1 67			ine 1950	V. NOT 100	5/41-477-4
	by certify that I att		/ /	107 0		5, that I last saw the
deceased		_, 19	and that death occu		, from the causes and on	
23A. 919N	ATURE	XII	11/0	23B. ADDRESS		23c. DATE SIGNED
	Melfren (1)	MEKKA	ech M.D.	5006 Roland		111 - 8 - 51
24A. BURIAL, TION, REMOVAL	CREMA- 24B. DATE		24c. NAME OF CEMETE	ERY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
burial	1 2 2 2	- 51	Grannant		Dollaimone Man	73
DATE RECEIV		- T	Greenmount	25. FUNERAL DIR	Baltimore, Mar	ADDRESS
LOCAL REGIS	TRAR4	the experien	166161		ell & Sons, Inc	
11019-	The Tent	THE PARTY	Philliams, M. S.	m n mi	.1///	TOOO DUGAN I TAC
VS 150	***	-		11/10/11/2	ichell_	^ 6
		4 5	Section 19	0 4	2	430
						10-1

NOT A MEDICAL EXAMINER'S CASE

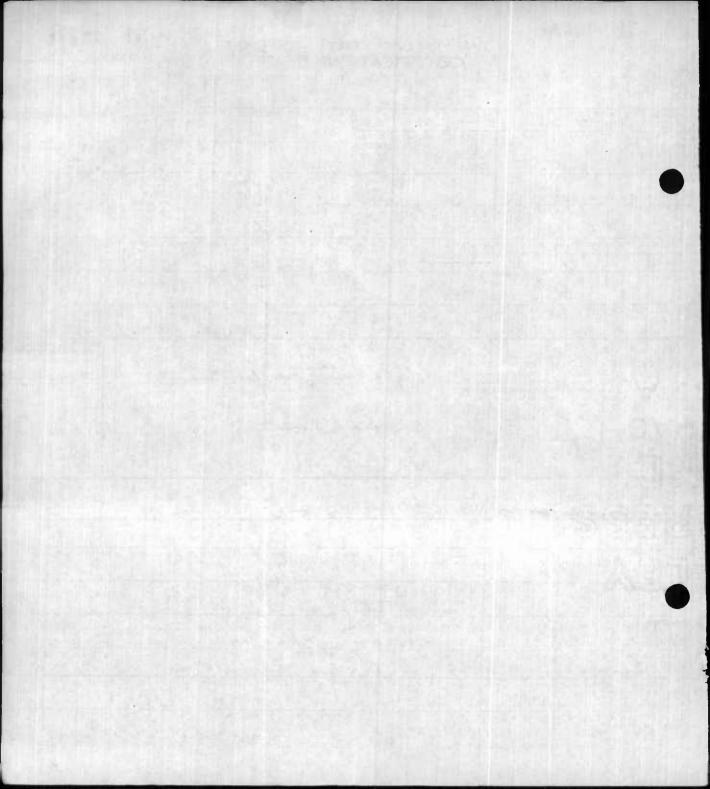
A Coulog A Coulogho,
GHIEF OR ASST MEDICAL EXAMINER

500

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9636 Registered No.

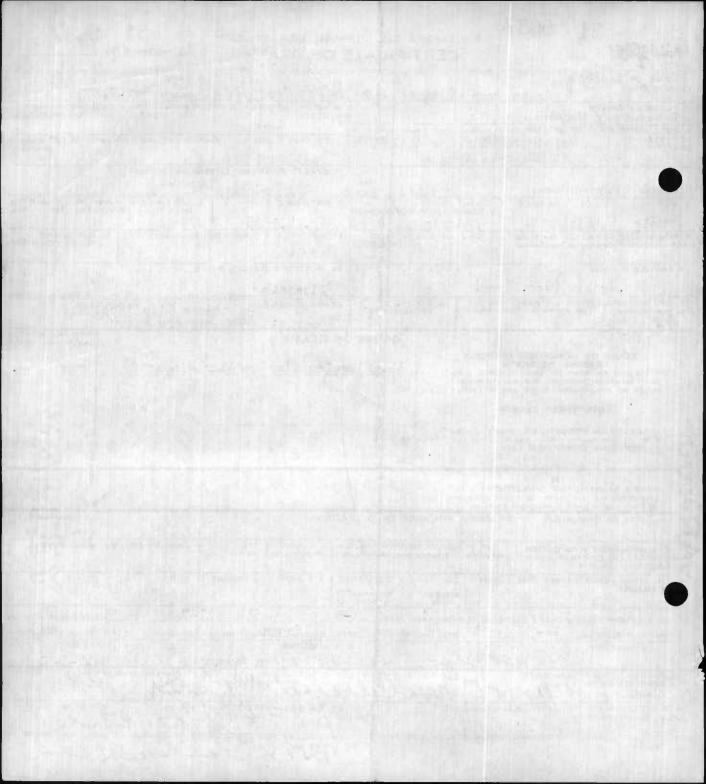
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE OF	
Lillian C. 16	hon		DEATH	ov. 7. 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE A. STATE Maryland	CE (Where deceased lived B. COUNTY	. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
INSTITUTION 601 B 222 Gt		Baltimore	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	township)
601 E. 33d Stree			(If rural, give location)	
	60 Yrs. Mos.	/ 1		
c. Length of stay in Baltimore	Days	604 E. 33d S		W. H. J. J. W
WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Female White Marri		Apr. 2, 1877		
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even If retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Virginia		
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Capt. John Smi	.th	Not obtainab	ole	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(1-200, 8-10 Mai of dates of 5011200)	SECORITI NO.	John J. Maho	on, Jr. 604 E	. 33d Street
18. 260×	CAUSE	OF DEATH		INTERVAL BETWEEN
				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/100	cerdes	4	9.
(This does not mean the mode of dying, c. g		ensive vascula	o Vislan	415
heart failure, asthenia, etc. It means the disease injury or complication which caused death.	DUE TO			
ANTECEDENT CAUSES	Q-1	te melliten		
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	re proces		
RISE TO THE ABOVE CAUSE (A) STATING TH				
UNDERLYING CONDITION LAST.	(C)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE				
TO THE DISEASE OR CONDITION CAUSING I				
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
4				YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about botte, f	CE OF INJURY (e. g., I arm, factory, street, office bldg.,	n or 21c. WHERE DID	(If in Baltimore Cit	y, give exact location)
W CAUSE OF DEATH				
	2 1E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	WHILE AT   NOT WHILE			
m.	WORK AT WORK		1	
22. I hereby certify that I attended the	deceased from _ Cu	rg 15, 1957, t	to hor. 7 , 19	57, that I last saw the
deceased alive on hor 7 , 1957,	and that death occur	rred at 9 pm., fr	rom the causes and or	n the date stated above.
23A. SIGNATURE		3B. ADDRESS	00 /	23c. DATE SIGNED
Jeorge D. Left.	y M. D.	tus Satu	77 - 70	11/8/07
	4c. NAME OF CEMETE	RY OR CREMATORY 2	4d. LOCATION (City, to	wn, or county) (State)
Burial 11/10/51	New Cathedra	7	Baltimore, Md	
DATE RECEIVED BY   REGISTRAR'S SIGNATU	TION OURTHOUT	25. FUNERAL DIREC	TOO THE	
LOCAL DECICED AND	RE	25. FUNERAL DIREC	IUR	ADDRESS
THE STATE OF THE S	RE CLASSIC	9 ONERAL DIREC	1.8.112	-OLD OLD
NOV 9 - 1951	RE Klinking	H. W. Mea	trad bouto	J. Calvery St.



10	0	51 9637	1				51	9	627
N	D-153685	U.L.	BAL			TH DEPARTMENT	Registered		301
	RTH NO.			CERTIFICAT	LE (	OF DEATH	Registeret	140	
	NAME OF DE	ECEASED			0	PU	2. DATE		
`_	'ype or Print)		Groh	( Agnes Grob		THES HOSE ZIPOI	DEATH NOV		
	Baltimore C	EATH: Sity, Maryland				USUAL RESIDENCE ('STATE	Where deceased lived, B. COUNTY	If institu	ation : residence before admission)
В.	FULL NAME	OF (If not in hospits		on, give street address		Maryland			
	SPITAL OR			Hospital Scatio	") c.		f outside corporate lin	nits, writ	township)
	3/	4940 Eas	tern Av	enue Yrs	_	Baltimore STREET ADDRESS (III	rural, give location)	. 6	0
-	Coth of at	tay in Baltimore		T Mos		221 McCurley	The second secon		
_	SEX	6. COLOR OR RACE	7. SINGLE		8.	DATE OF BIRTH	9. AGE (In years)	It Under 1	Year   If Under 24 Hours
	Female	White		ED, DIVORCED (Speci ngle		ar.22.1876	last birthday)	Months	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11.	BIRTHPLACE (State or 1	foreign country)	12.0	CITIZEN OF
wor!	k done during most o	( working life, even if retired)		INDUST	RY 1	aryland		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WHAT COUNTRY
13	. FATHER'S N	IAME	- 4.1/4		14	MOTHER'S MAIDEN N	IAME		
	Geo.	Froh (Geo.	Grah)		1	Elizabeth			
15 (Ye	. WAS DECEASE	D EVER IN U, S. ARMED (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY NO	17		imore City H	APPRE	SS <sub>1</sub> C
(	No			SECORITY 140		Records: 4940	Eastern Ave	nue	10.10
	18. 450.0 , CAUSE OF DEATH				DEATH			NTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						. D.		0 - 77
	(This does	not mean the mode o	f dying, e. g	•9 (~)	LOSC	lerotic Vascul	ar Disease		Over 1 Yr.
		complication which c							
		ANTECEDENT CAUS	ES				5.4		
Z	DISEASES	OR CONDITIONS, I	ANY, GIVIN	(8) G		***************************************			
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH						
CA				(C)	*********	******************************	*******	***********	
ERTIFICATION		П							
2	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D				19	
Ū		F OPERATION 1		FINDINGS OF OP	FRATI	ON			20. AUTOPSY?
AL	ISA. DATE O	V OFERATION I	SB, MASON	THOMAS OF O					YES ND
EDICAL	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e.	, in or	21c. WHERE DID	(If in Baltimore Cit.	y, give e	xact location)
	CAUSE OF	R CONTRIBUTING DEATH	about nome,	arm, factory, street, office bld	ig.,etc.)	INJURY OCCURY			
Σ		(Month) (Day) (Year)	(Hour)	IE. INJURY OCCU	RRED	21F. HOW DID INJUR	RY OCCUR?		
	INJURY	TINJURY  WHILE AT NOT WHILE AT WORK  AT WORK							
	22. I hereby certify that I attended the deceased from 11-5, 19.51, to 11-7, 19.5, that I last saw to								at I last saw th
	deceased at	live on 11-7	1951	and that death occ	curre	lat 12noonn., from	the causes and or	n the da	ite stated above
	23A. SIGNA	TURE //	7/,			ADDRESS			C. DATE SIGNED
		CSS - V.	oge	м.р.		O Eastern Aver	nue Location (City, to		11-8-51 unt// (State)
7	ON REMOVALYS	Specify)	181	hew cal	Re	STATE 1	satta	m	il (State)
D	ATE RECEIVE		S SIGNATU	RE	25	. NINERAL DIRECTOR	0.11)1	0 -20	DRESS

VS 150

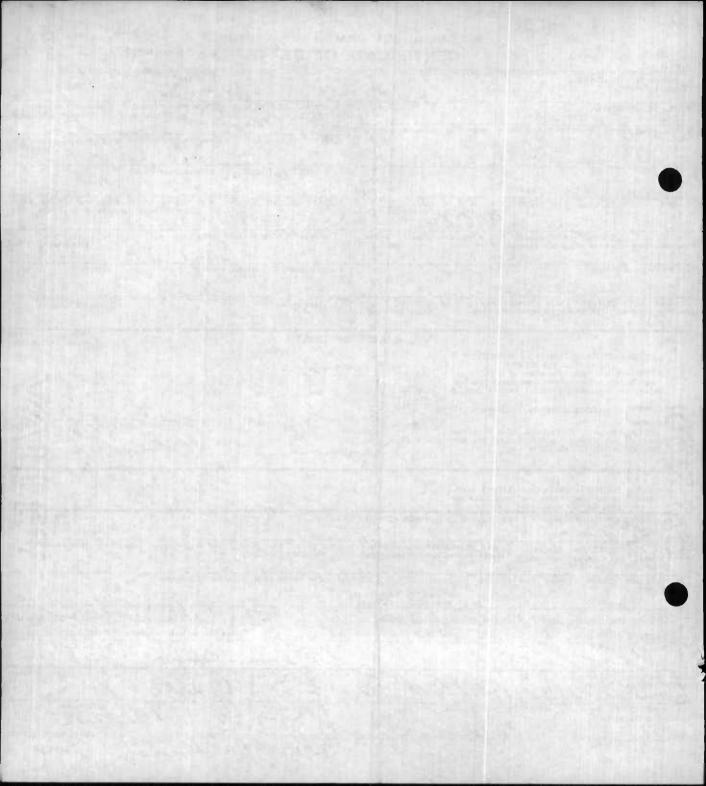
3514 Frederick and



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9638 Registered No.

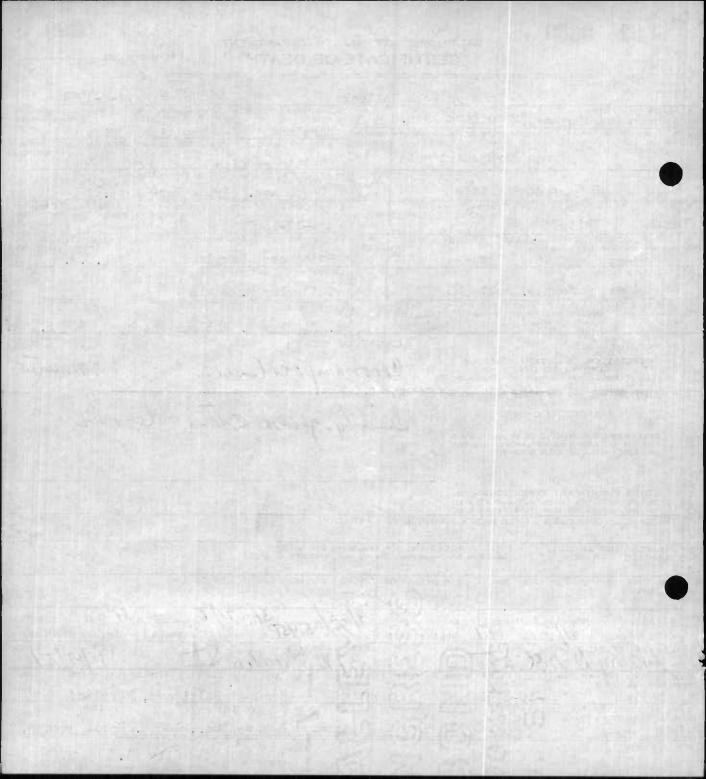
207.4	KIII IIO.							
1. (T	NAME OF DECEASED	. Ere	21417 M.	Roberson	2. DATE // OF DEATH	8/51		
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR					H 1	. 7		
IN	estitution agnes	Hos 101		Baltion		ts, write REAL and give township)		
1			Yrs.	D. STREET ADDRESS (If				
C.	Length of stay in Baltimore		Mos. Days	757 8	Ile Ir.			
	SEX 6. COLOR OR RAC	E 7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (in years	N Under 1 Year N Under 24 Hours on the Days Hours Min.		
	2. n.	MAN	ED DIVORGED (Specify)	7-22-171	34			
10 rorl	A. USUAL OCCUPATION (Give kin done during most of working life, even if retir	lof 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY		
	2 Assolu			mad - B.	9Lto	MIJA.		
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
	I haster	1 11		Luulle	Veile &			
	5. WAS DECEASED EVER IN U. S. AR		16. SOCIAL SECURITY NO.	17. INFORMANT	,	DDRESS		
	18. /99 ♥	AL INTERIOR	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITIO	DIRECTIV				ONSET AND DEATH		
	LEADING TO D	ATH	Cir	hushi		1 3		
	heart failure, asthenia, etc. It r	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,						
	injury or complication which	caused death.	DUE TO					
	ANTECEDENT CAUSES							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
Y	ONDERLYING CONDITION EAST.							
Ī								
7	OTHER SIGNIFICANT CON							
CE	TRIBUTING TO THE DEATH, B							
	19A. DATE OF OBERATION		FINDINGS OF OPER	RATION		20, AUTOPSY?		
CAL	The					YES NO		
EDIC	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.)  LYING DEATH  21B. PLACE OF INJURY (e. g., in or line) About home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?							
Σ	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
	F INJURY WHILE AT NOT WHILE							
h	m. WORK AT WORK							
	22. I hereby certify that I attended the deceased from 11/1/51, 1957, to 11/8, 1957, that I last saw th							
	deceased alive on 1/6, 1951, and that death occurred at 3 40m., from the causes and on the date stated above							
	23A. SIGNATURE	······		23B. AODRESS	4/	23C. DATE SIGNED		
	The state of the s		M. D.	ERY OR CREMATORY   24D.	OCATION (City, tow	a, or county) A (State)		
71 TI	AA. BURIAL, CREMA- 24B. WAT	719.00	not De	ERY OR CREMATION 245.	alto	ma		
K	ATE RECEIVED BY   REGISTR	R'S SIGNATU	IDE .	25. AUNERAL DIRECTOR	) / (1)	ADDRESS		
	OCAL REGISTRAR	AR S SIGNATU	THE STATE OF THE S	11210	. Wal	les		
A	INVO OF 1	4 1 5 1 Vall		11/2		0 1		
	VS 150	4	THE PERIOD	3517 PA	edereck	- au		



### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

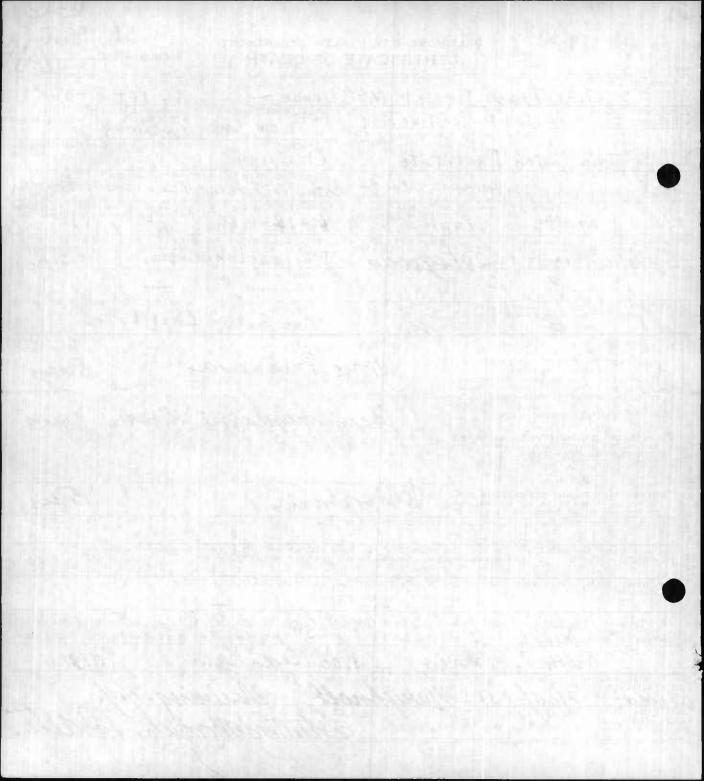
BIRTH NO.	CERTII TOATI	E OI DEATH					
1. NAME OF DECEASED (Type or Print)			2. DATE				
(Type or Frint) Kath	ryn Webb Bulloc						
3. PLACE OF DEATH: A. Baltimore City, Maryland Wyman I	ark Apts.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or insti	ution give street address or location)	Maryland Baltimore City  c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INICTITUTION							
Wyman Park	apartments	Baltimore City	1 1 5				
	Yrs. Mos.	DESTREET ADDRESS (If	rural, give location)				
The state of the s	fe Days		yman Park Apt				
5. SEX 6. COLOR OR RACE 7. SING	GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) H	Under I Year   If Under 24 Rours onths Days   Hours   Min.			
Female White	nele	Apr-17-1867	8,71				
	ND'OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF			
	ne	Baltimore, Mary	rland	U.S.A.			
13. FATHER'S NAME	7110	14. MOTHER'S MAIDEN N		0,000,000			
John S. Bullo	nole	Catherine E. Da	771 0				
15. WAS DECEASED EVER IN U. S. ARMED FORCES		17. INFORMANT		Donrag			
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.			DDRESS			
None   None	None	Mr. Findley T. Bu	illock (nephe				
18. 420,1	CAUSE	OF DEATH		ONSET AND DEATH			
DISEASE OR CONDITION DIRECT	LY	add to a del	<b>-</b>	Parantes.			
(This does not mean the mode of dying,	e. g., (A)	Tary or Cusis	R	41611cmeso.			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST.							
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSIN		M-ION		20. AUTOPSY?			
19A. DATE OF OPERATION   19B. MAJ	OR FINDINGS OF OPER	ATION					
21A. ACCIDENT. SUICIDE.   21B.	YES YES 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location						
	me, farm, factory, street, office bldg.,						
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?				
INJURY	WHILE AT NOT WHILE						
	m.   WORK   AT WORK						
	deceased alive on 116, 1951, and that death occurred at 5,45 Pm., from the causes and on the date stated ab						
deceased alive on /// ( , 195/		rred at m., from t	ne causes and on t	23c./DATE SIGNED			
Alarry V. mcCoasty		37 W. Vreston	5	1119/51			
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE		OCATION (City, town	or county) (State)			
Burial Nov-10-1951	Greenmannt		Baltimore, Ma	rwland			
DATE RECEIVED BY   REGISTRAR'S SIGNA	Greenmount	25. FUNERAL DIRECTOR	MA VINOLE, MA	ADDRESS			
LOCAL REGISTRAR	- 1/1/2		Co 309 W W	ianth Assanza			
1019-1959 WALESTON	1111	Stewart & Mowen (	50., 100 W. N	or on avenue,			
vs 190/91		The state of the s	City #1.	9,10			
			0704 1170	144			



2-46							
51 9640 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered I	1 9640						
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) Rev. James Patrick McClarnon   2. Date OF DEATH 11-	-8-51						
a. Baltimore City, Maryland 6420 Reistenstown Road A. STATE Way Vand B. COUNTY	before admission)						
HOSPITAL OR location C. CITY OR TOWN (If outside corporate limit NSTITUTION	ts, write RURAL and give township)						
Y COUNTY OF THE PROPERTY OF THE PARTY OF THE	ait of America						
c. Length of stay in Baltimore 14 yrs 4Mo., 74 da. Mos. Days Catholic Foreign Mission Sc							
D. COLOR OF RACE! 7. SINGLE, MARKIED. 18. DATE OF BIRTH 19. AGE (III YEAR)	onths Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  Catholic Priest  Rollower  Thiladelphia, Pa,	12. CITIZEN OF WHAT COUNTRY						
13. FATHER'S NAME 7 14. MOTHER'S MAIDEN NAME	O'STA!						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   A							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yee, give war or dates of service)  (If yee, give war or dates of service)  The Seton Instit	Te						
18. 422.2 CAUSE OF DEATH	INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY VIVUS PREUMONIA							
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO							
ANTECEDENT CAUSES (B) Chrisc myscardal disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	o pas						
UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  CLUB 200 keeping	15 near						
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
TISK, MAJOR PINDINGS OF OPERATION	YES NO						
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or long) about bome, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?)							
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
m.   WORK   AT WORK	A 1/27						
deceased alive on 2/1/2/, 1957, and that death occurred at 5 2m., from the causes and on the	L, that I last saw the						
23A. SIGNATURE HALLEN O JOhneys 23B. ADDRESS Lake	23c. DATE SIGNED						
24a. BURIAL, CREMA- 24B. DATE   24c. NAME OF CEMETERY OR CREMATORY   24b. LOCATION (City, town	n, or county) (State)						
beender Host-9-51 Haryknoll Steining-71.	4.						
DATE RECEIVED BY REGISTRAP'S SIGNATURE 25. FENERAL DIRECTOR 25. FENERAL	aporess Sallo.						
VS 150							

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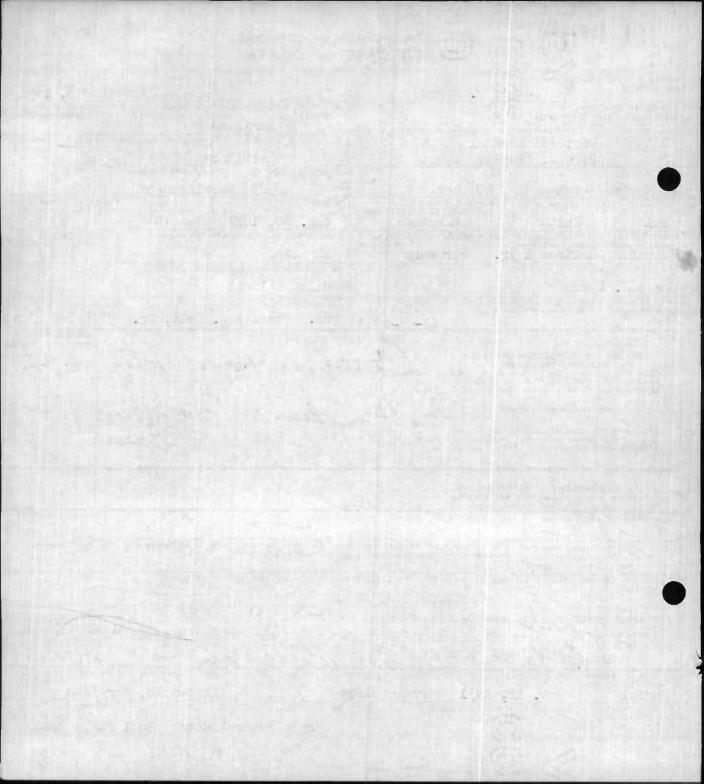


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( ) jb.					OF DEAT		Registered	l No	
BIRTH NO.	<u></u>								
1. NAME OF DI (Type or Print)		mes F.	Myers				2. DATE OF DEATH NOT	vember 8	3, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission				
B. FULL NAME		al or institut	ion, give street addr						
Doctors Hospital  2724 N. Charles Street					C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 3 - 5 township				
	SIERT NO OIL	ar Tes D		Yrs.	D. STREET ADDR				
E. Length of stay in Baltimore 40 years Day					32	36 Kes	wick Road		
5. SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.		8. DATE OF BIRTI		9. AGE (In years)	If Under 1 Year	If Under 24 Hours
Male	White		red, DIVORCED (S Married	pecify)	Jan. 20,	1881	last birthday)	Months Day	Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS		11. BIRTHPLACE		reign country)	12. CITI	ZEN OF
rork done during most o Salesman	Retired 1		ardware	STRY	Maryland			WHA	U S A
13. FATHER'S N			7	W	14. MOTHER'S MA	AIDEN NA	ME		
James F.	Myers				Helen Ell:	iott			
15. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT			ADDRESS	
(Yes, no or unknown)			212-01-20		Mrs. Char	les A.	Belt, Jr.	3735 1	Beech Av
DISEASES RISE TO THE UNDERLY	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					To Ca	Edeno br	se eare	?
TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D						
. 19A. DATE O			FINDINGS OF	OPER	ATION			20.	AUTOPSY?
N N	1				4			YES	NO L
	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e. g., in or INJURY OCCUR?								
Σ I	Month) (Day) (Year	(Hour)	21E. INJURY OCC	CURRI	ED 21F. HOW DIE	INJURY	OCCUR?		
INJURY		m.		WHILE WORK			100		
	22. I hereby certify that I attended the deceased from 1957, to 1957, to 1957, that I last saw the								
	ive on ASTS	, 195	and that death	occur	3B. ADDRESS , /	., from th	ie causes and or	the date s	ATE SIGNED
23A. SIGNAT	X CETU	eh ro	02011 M.	D.	1120	,25	-40X	1/0	1.9,51
24A. BURIAL, C	pecify)				RY OR CREMATORY		CATION (City, to		
Burial	Nov. 1	2, 1951	Druid	Hidg		*	kesville,		
LOCAL REGIST	RAR REGISTRAR	SIGNATI	Villiance, 1/2		Burgee Fu		Home 363	ADDRE	
1401 3 - 1	13!	- (A)			Daile La	1	,0110 ,0).	T TOTTO	1tour

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49064 Horace F. Durgee

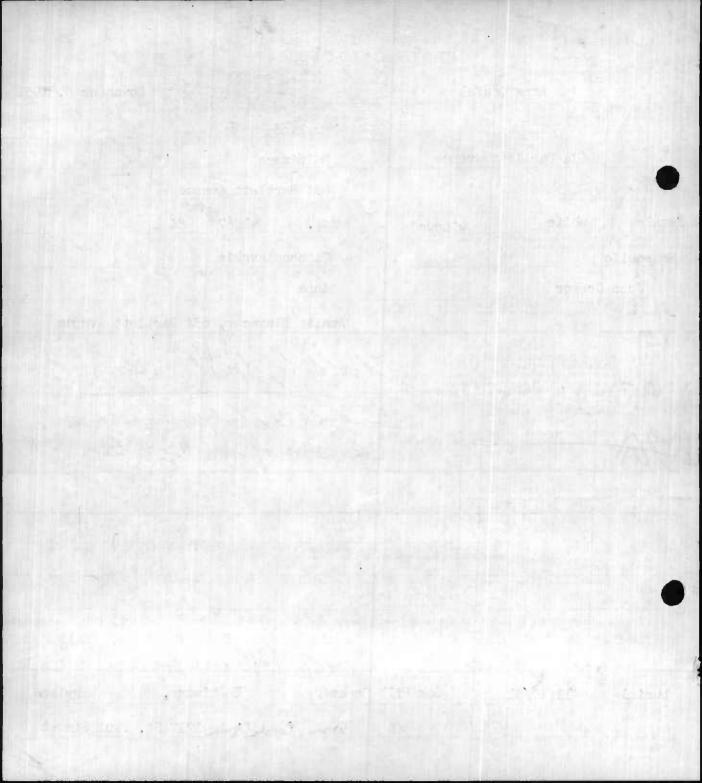


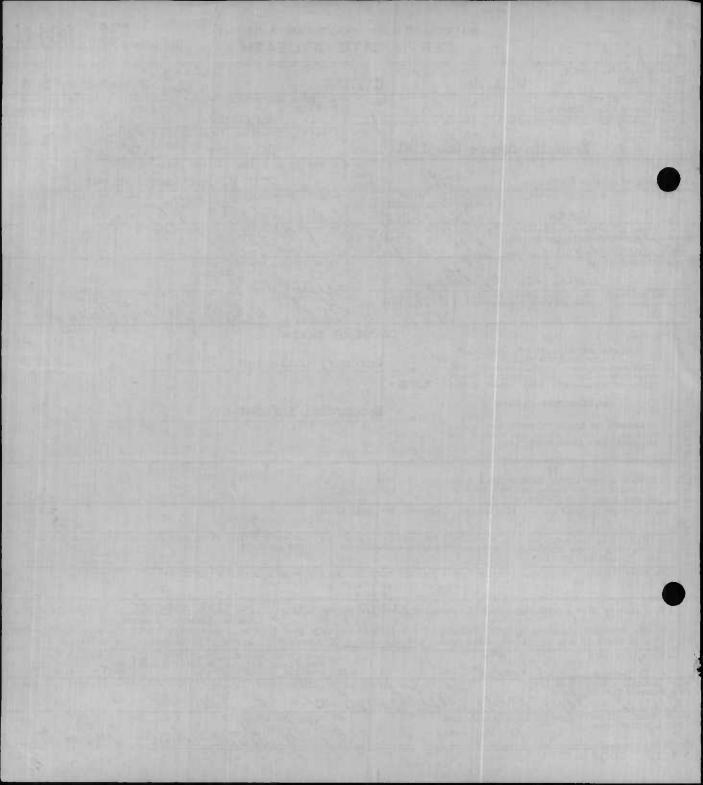
## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH Registered No.	0			
1. NAME OF DECEASED	el M. Moore	2. DATE OF Novem	ber 7, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If in a STATE B. COUNTY	nstitution: residence before admission)			
HOSPITAL OR	or institution, give street address of location are not location.					
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 4823 Pennington Avenue				
male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify widowed		Under I Year If Under 24 Hours this Days Hours Min.			
10A. USUAL OCCUPATION (Givekind of proceedings most of working life, even if retired)  Ret. Farmer	Own farm	Anne Arundel County, Marylane	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Zachriah Moore						
15. WAS DECEASED EVER IN U. S. ARMED F Yes, co or uokoowu) (If yes, give war or dates of	f service) 16. SOCIAL SECURITY NO. none	Mary E. Doam, 4823 Pennington	Avenue			
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., (A) Oh7	of DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	ANY, GIVING TATING THE DUE TD	ionen of the stomach	<sup>2</sup> 6 mo.			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION OF	OT RELATED					
	B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?					
	ID. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR?					
22. I hereby certify that I atter	100000	5ept. 30 , 1951, to Nov. 7 , 1951				
23A. SIGNATURE	V	rred at 10:00 m., from the causes and on th	e date stated above.  23c. DATE SIGNED			
24a. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)		ERY OR CREMATORY 24D. LOCATION (City, town,				
burial 11/10/51 DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	Marley Ceme	Anne Arundel Country  25. FUNERAL DIRECTOR  Wm. Cook Inc., 1217 St. Pau	ADDRESS			

LEADER MADE THE HIT THE counts Inst. 1 to

•	1336		DAL	CEDEICICATI	E OF DEATH	Register	rod No		
BIR	TH NO.			CERTIFICAT	E OF DEATH	Register	led No.		
	AME OF DE		Coufal			2. DATE OF DEATH	lovember 8, 1951		
A. E		ity, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution : resid A. STATE B. COUNTY before addressed lived.				
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give atreet address or location)  634 Bartlett Avenue  Yra.					C. CITY OR TOWN (If outside corporate) limits write tURAL and give township				
5. S	EX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in year	rs If Under 1 Year If Under 24 Hours  Months: Days Hours: Min.		
	male	white	W	idowed	Aug.	1867   84	) Moliciis Days Hours Mil.		
10A work d	USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
ŀ	ousewife	)	_		Czechoslava				
13.	FATHER'S N.				14. MOTHER'S MAIL	DEN NAME			
		Gregor			Anna				
15. (Yes,	WAS DECEASED	O EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
					Amelia Hlavac	ek, 634 Bartl	ett Avenue		
CATION	DISEASES	e, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II LE ABOVE CAUSE (A) ING CONDITION LA	aused death SES F ANY, GIVIN STATING TI	(B) Serv	nSianh	lulartino esa, Cyst.	schroser, ? -		
CERTII	TRIBUTING	II GNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATE	D					
mad	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?		
4EDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or location)  21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?								
2	IO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from An 27, 1953, to Ang, 1967, that I las								
	deceased ali	ve on Nov. 6	1954.	and that death occur	rred at 9.45 fm.,	from the causes and	on the date stated above		
	23A, SIGNAT	arrest to	Lace	M. O.	( OTE VON	Han	23c. DATE STGNED		
24A TION	BURIAL C REMOVAL (SI burial	REMA- 208. DATE	i	Oak Hill Cer		240. LOCATION (City, Baltimore,	town, or county) (State) Maryland		
	E RECEIVED	RAR Sin	14 - 11/	11:	25. FUNERAL DIRE		ADDRESS		
	0V 0 - 10	in AAAAA	# 181 / Y/	Mis Solvant 11730	won, took	Due 1217 St.	Paul Street		





BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH November 8, 1951 MAGGIE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RVRAL and give INSTITUTION township) Baltimore Johns Hopkins Hospital D. STREET ADDRESS (If rural, give location) Yrs. 413 Mott Street gth of stay in Baltimore 7. SINGLE, MARRIED, WIDOVED, DIVORCED, 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | If Under | If Under 24 Hours last birthday) | Months: Days | Hours: Min. (Specify) Female Colored 1 da USUAL OCCUPATION (Givekind of 108. KIND CE (State or foreign country) 12. CITIZEN OF ture Co. eduring most of working life, even if retired) WHAT COUN 13. FATTER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FOR ES? Yes, no or unknown) (If yes, give war or dates of service) SOCIAL CADDRESS (Yes, ne pr unknown) SECURITY NO ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) KINEXEX ANTECEDENT CAUSES Right hemiplegia RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR Nov. 24A BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county)

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DATE RECEIVED BY

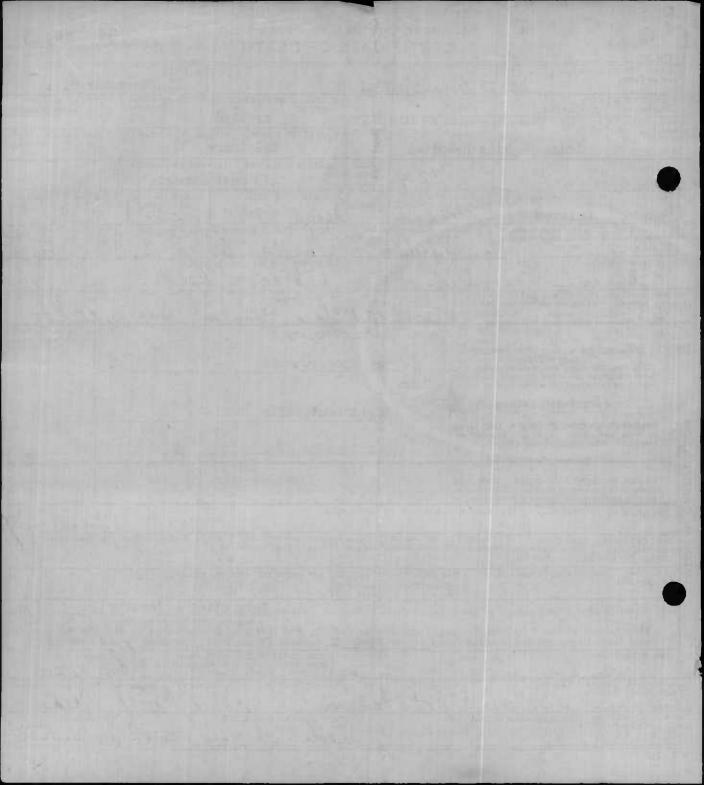
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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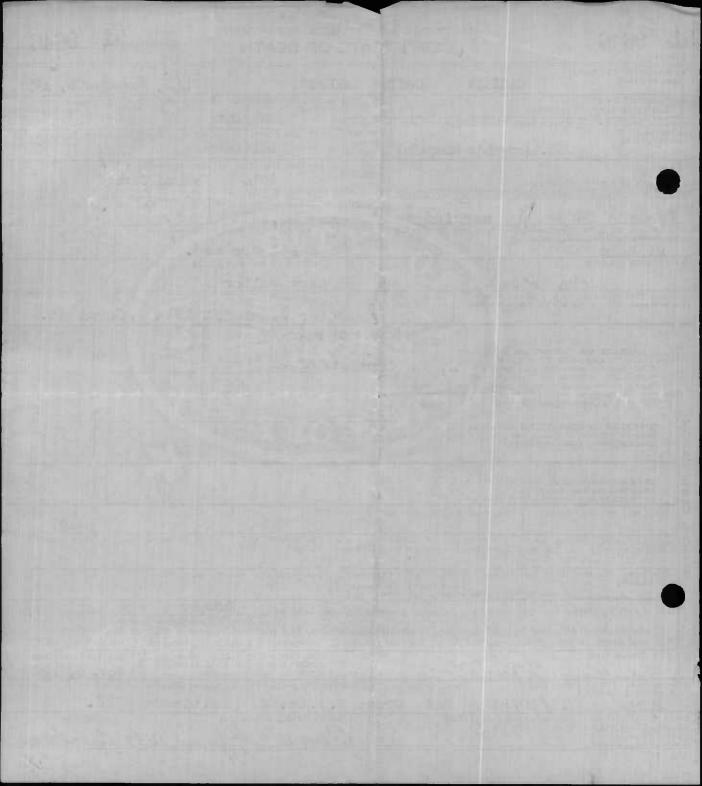
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ADDRESS



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 9646

BIF	RTH NO.			CLIVIII ICAI	L OI BLAIN			
	NAME OF D		CLLIA	MARIE	SCHMIDT	2. DATE OF Novemb	per 6, 1951	
Α.		City, Maryland	ol on instituti		4. USUAL RESIDENCE (WALL ALL STATE Maryland	Where deceased lived. If ins		
HO	B. FULL NAME OF Continuous in hospital or institution, give street address of location institution.  St. Joseph's Hospital					outside corporate limits,	vr)te LUBAL and give township)	
	orth of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location) Federal Street		
5. 5	sex Temale	6.COLOR OR RACE	7. SINGLE WIDOW	Days  E. MARRIED,  ZED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years If Bad	der I Year   If Under 24 Hours ns: Days Hours Min.	
10/	. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S	NAME	A 100		14. MOTHER'S MAIDEN NA			
A 800		John Kris			Mary Walton			
15. (Yes,	no or unknown)	D EVER IN U. S. ARMED (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
п					Peter J.Schmid	t 1714 Feder	al St.	
CERTIFICATION	DISEASE (This does heart failure in jury or	SE OR CONDITION LEADING TO DEAT So not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  IIGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION   15	FH f dying, e. g f dying, e. g f dying, e. g sthe disease aused death SES  F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE CAUSING IT	(B)	OF DEATH SSIS OF the liver		20. AUTOPSY?	
	ISA. DATE O	POPERATION	B. MAJOR	PINDINGS OF OPER	TATION		YES X NO	
ш  _	21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office hidg., etc.) INJURY OCCUR?							
Σ	OF INJURY	Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK		OCCUR?		
	22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{L}\), accident \(\mathbb{L}\), suicide \(\mathbb{L}\), homicide \(\mathbb{L}\), undetermined \(\mathbb{L}\).							
	23A. SIGNAT	lliam Work	will		238. CHIEF MEDICAL E ASSISTANT MEDICAL E MEDICAL INVESTIGATOR	OR Nov		
TION	Burial C Burial	pecify)	51	4c. NAME OF CEMETE Holy Cross		ltimore Md	, , , , , , , , , , , , , , , , , , , ,	
	TE RECEIVED	BY   REGISTRAR'S		RE	25. FUNERAL DIRECTOR		odress wordway	
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51 96.17 BIRTH NO.	BA
1. NAME OF DECEASED (Type or Print)	Mittee
3 PLACE OF DEATH	

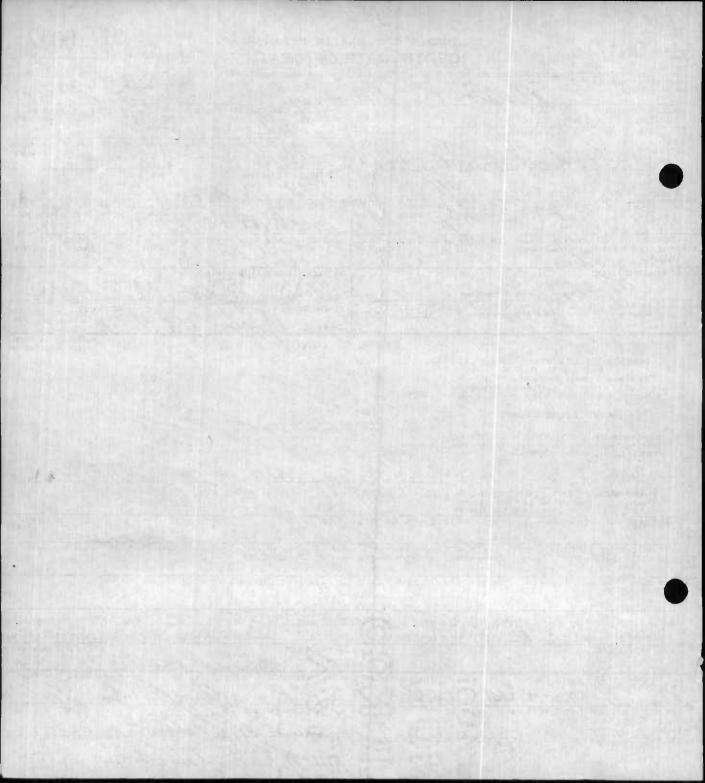
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LTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OB-TOWN (If outside corporate limits write LURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In year: | If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Dimestec 13. FATHER'S NAME 15. WAS DECEASED EVER N U. S. ARMED FORCES 16. SOCIAL (Yes, no or uokoowo) SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, OUE TO injury or complication which caused death.) ANTECEDENT CAUSES CACLEXII DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ARTEANS SCLEASOTO CARO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 10, 21, 1967, to 118, that I last saw the , 195/, and that death occurred at 7 An., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 240. LØCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24B. DATE French FONERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR 1051

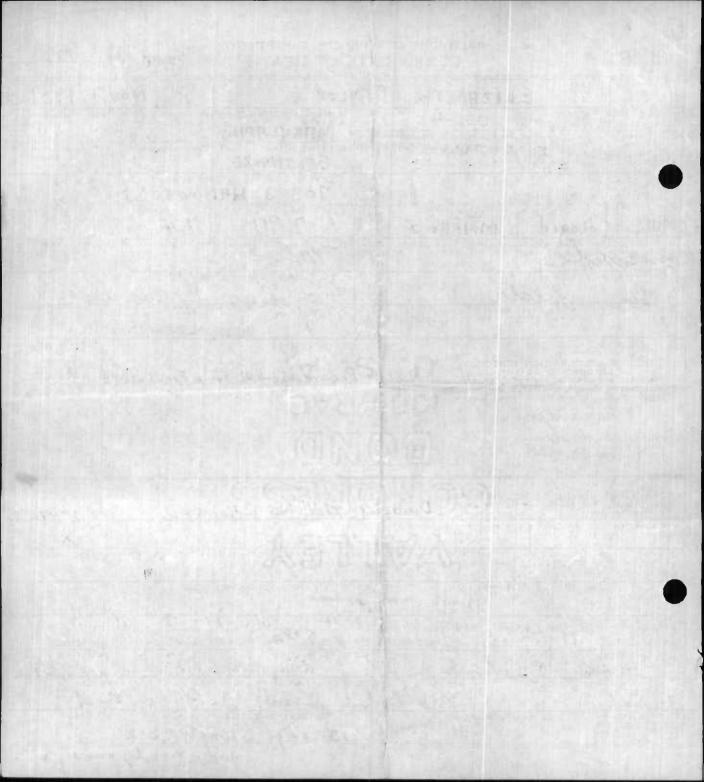


9648

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9618

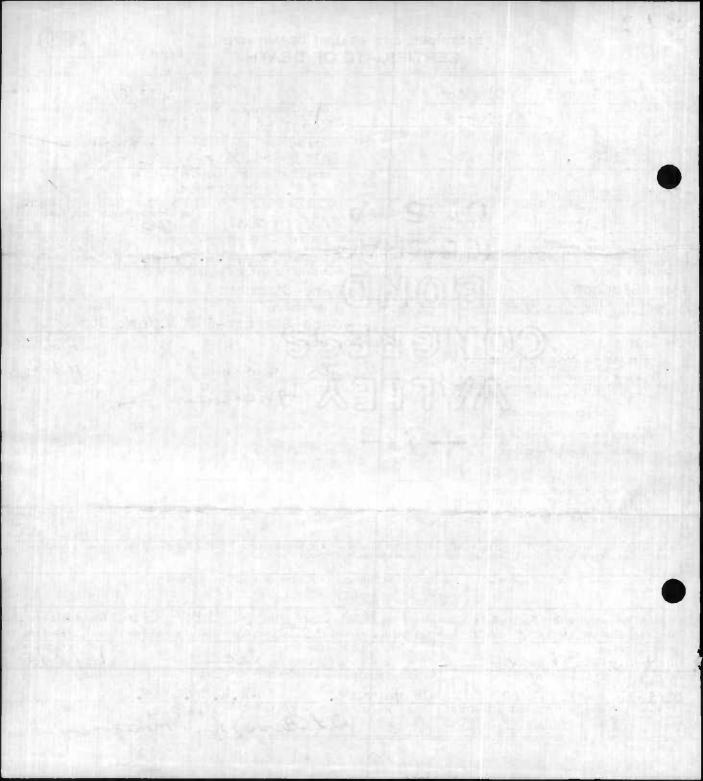
BIRTH NO.	
(Type or Print) ELIZABETH TAX	A
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITALION)	C. CITY OR TOWN (If outside corporate dimits, write RUIAL and give township)
Yrs. Mos. Days	702 S. HANOVER ST
FEMALE COLORED 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years of Under 1 Year of Under 24 Hours of Months Days Hours Min.
19A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY	11. BLATHPLECE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LISTER	Pose Thine Daunders
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS TOHNS HOKINS HOSPITAL
18. 490X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Pneumonia-RUL-due to Friedlanders B 8 days
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON	Mellitus a HASCVD 14+Copprix
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION   20, AUTOPSY?   YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING bout home, farm, factory, atreet, office bldg., e	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT WORK AT WORK	
I hereby certify that I attended the deceased from	-4-1951, to 11- 7-, 1951, that I last saw the
deceased alive on 17-7-, 1951, and that death occur	rred at Shm., from the causes and on the date stated above.
Andley P. Charleson M.O.	JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED
24A. BURIAL, CREMA- (AB. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 9-1951	15AIAH. LIBROWN. SON
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

T S1 9649
Registered No.

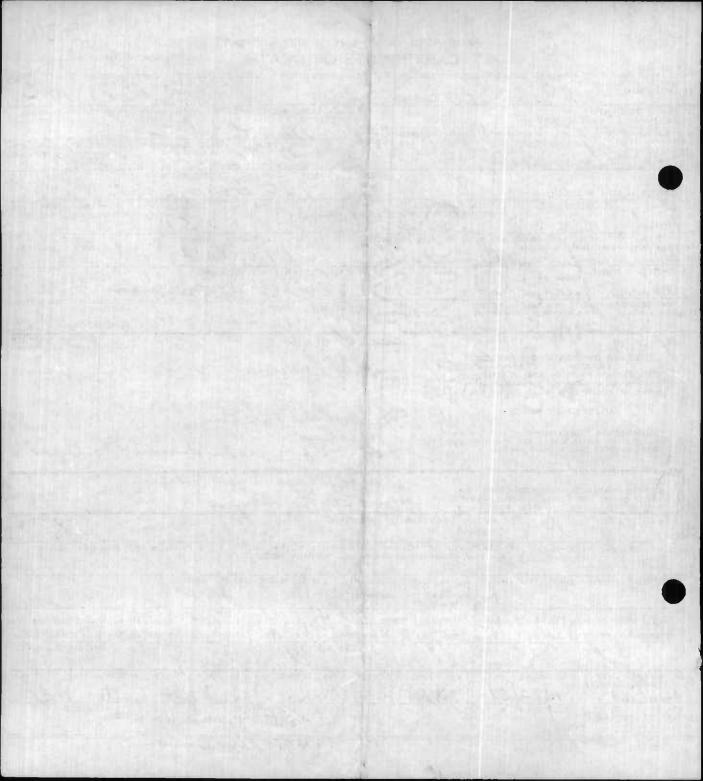
31	RTH NO.							
	NAME OF D		0:			2. DATE OF 33/0	153	
		Samuel	Simps	son	11	DEATH LL/ O		
3. A.	. PLACE OF DEATH: . Baltimore City, Maryland Baltimore				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)	Maryland			
	CTITION	142 W.York	Street			-1 12	s, worte RURAL and give township)	
	110	TES MOTOLY	001000		Baltimore, Cit			
		. 4 *	6	Yrs. Mos.	142 W. York St			
-	Length of	stay in Baltimore		Days Days	8. DATE OF BIRTH		1 Under 1 Year   If Under 24 Hours	
	Nolo	Colored		ED, DIVORCED (Specify)	3/5/ 1925	last birthday) Mo	onths Days Hours Min.	
_	Male	CUPATION (Give kind of	****	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country!	12. CITIZEN OF	
orl	done during most	of working life, even if retired)	Canni	ng Factory		_	WHAT COUNTRY	
-	aborer.	NAME	Camil	ing ractory	14. MOTHER'S MAIDEN NA			
				(M)		TIVI E		
	ohn Si	ED EVER IN U. S. ARME	D FORCES	16 600141	Jane Simpsom			
Ye	t, no or unknown	(If yee, give war or date	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
_					Jane Strange-	T42 V. York		
	18. 49	OX.		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEA	SE OR CONDITION	DIRECTLY				0	
	(This dos	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) acuto Soba						
	heart fail	ure, asthenia, etc. It med complication which	ans the diseas	e,	0		1	
	mjury of			) DOE 10	Theur	ner		
,		ANTECEDENT CAUSES						
5		DISEASES OR CONDITIONS, IF ANY, GIVING						
-		RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
ز								
		- 11		(C)				
2		SIGNIFICANT COND					C AVAILA A SI	
נ		DISEASE OR CONDITIO	CAUSING I	т				
ı	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
3	O11 ACCUD	ENT SUICIDE	l asp Di /	ACE OF INJURY (e.g., i	n or   21c. WHERE DID (I	If in Baltimore City,	YES NO L	
5	HOMICIDE	ENT, SUICIDE, (Specify)		farm, factory, street, office bldg.,		i in Darminer City,	are exact location,	
Z						A COLUMN		
1	o. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		roccorr		
,			m.	WHILE AT NOT WHILE AT WORK				
	22. I here	by certify that I at	tended the	deceased from Oc	3/, 195/, to	6, 195	, that I last saw th	
	deccased o	alive on uns		and that death occur		he causes and on t	he date stated above	
	23A SIGNA		^	2	23B. ADDRESS		23c. DATE SIGNED	
	Da	J SV are	Me	м. р.	IVV V Vee		11/8/5/	
2.	4A. BURIAL. ON, REMOVAL	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town	, or county) (State)	
	Burial.	1 10/11/	51	Mt Calvary,	Ct. A.A.	.Co., Md.		
	ATE RECEIV		'S SIGNATU		25. FUNERAL DIRECTOR	108-20	ADDRESS	
1	OCAL REGIS	51"	1.51/1	Washed Mar	V. L Brown 1 X	-monte	Emen &	
-	VS 150		9 12	A -		0		
	VS 150		1 1 3	970	42		100	
				V /			100	



### BALTIMORE CITY HEALTH DEPARTMENT

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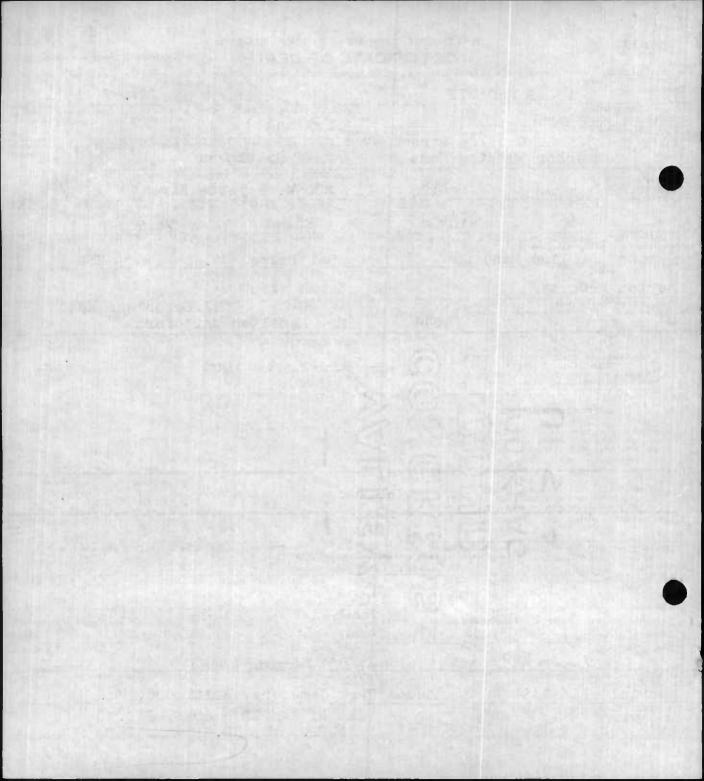
BI	RTH NO.			CERTIFICATI	E OF DEATH	Registere	d No.
		ECEACED A					
	NAME OF D ype or Print)		5+	erling		OF DEATH	018.1951
	PLACE OF D Baltimore (	ity, Maryland			4. USUAL RESIDENCE (	Where deceased lived	. If institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Marylo	nd	~ 48
	SPITAL OR STITUTION	11	-	location)	C. CITY OR TOWN	If outside corporate	mits, write RURAL and give
	ZX	1 nevers	ely		Balty	mare 1	township)
			0	Yrs.	D. STREET ADDRESS (I	f rural, give location	
c.	Length of s	tay in Baltimore		Mos. Days	Mari	EORGE S	+
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours
1	Temole	Colored	WIDOW	(ED, DIVORCED (Specify)	?		Months Days Hours Min.
10.	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
rork	done during most o	f working life even if retired)	Don	next INDUSTRY	Maryl	lond	WHAT COUNTRY
13	FATHER'S	IAME	1		14. MOTHER'S MAIDEN A	NAME A	1
	George	Richary	dson		Ollie #	to have	In Riley
15	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
( X ce	, no or unknown)	(If you, give war or dates	a or service)	SECURITY NO.	Inex Fee	909	Bennett Pl
	18.	, ,	-1 1	CALISE	OF DEATH		INTERVAL BETWEEN
		1 7	16 X	CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY	11	0.		10
	(This does	not mean the mode o	f dying, e. g	3., (A)	w meumous	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	6 days
	heart failu	re, asthenia, etc. It mea: complication which c	ns the diseas	e, .) DUE TO			
				., 502 10	4 ,		2
		ANTECEDENT CAUS	ES	1/2	nolyti anem	7	4
ŽΙ	DISEASES OR CONDITIONS, IF ANY, GIVING						
읟		HE ABOVE CAUSE (A)			I must retion	, ,	1 0? 4
4		ING CONDITION LA		Pins.	Libras Eryth	unatorius a	cute Prisonata
일 .				(C)//	7	***************************************	
		п		Manit	e Vasa motor	Calladas .	
		IGNIFICANT CONDI			0	Complete	income and the second
삤		TO THE DEATH, BUT SEASE OR CONDITION			Ery Humatory	US .	the same of the sa
'				FINDINGS OF OPER	ATION		20. AUTOPSY?
밁		7					YES NO
<u>0</u>	214 ACCID	ENT WAS UNDER	1 218 PL 4	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Raltimore Cit	y, give exact location)
ED		ENT WAS UNDER- R CONTRIBUTING		arm, factory, street, office bldg.,		(if in Daitimore Cit	y, give exact location)
≥	D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY			WHILE AT NOT WHILE			
	20 77 7				111 1081/11	11.18	57.
				deceased from No	7 195/, to	VO , 18	that I last saw the
		ive on Nod 8	_, 19.2 /		red at 1130 Am., from		
	23A. SIGNAT	URE CO		0/1 /2	3B. ADDRESS	Tu	23C. DATE SIGNED
	Y ==	m E	more	M. D.	11 mil	sig	11/8/3/
	A. BURIAL, C		,	24C. NAME OF CEMETE	RY OR CREMATORY 240. 1	LOCATION (City, to	wn, or county) (State)
110	13,12	11/12/	57	mt. Aulum.	Com v 110.	Abot B	alta mode
DA	TE RECEIVE	BY REGISTRAR	SSIGNATI	IRE I	25 FUNERAL DIRECTOR	of June 12	ADDRESS
LC	CAL REGIST	RAR		12 1 1	Metropoletan Fre	neigh Home	Duc.
	MOND	1941 188000	21.5.16		The state of the s		
	VS 150		W-+	*	1949. Edmon	rdoor fre	1
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				100 817			100



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9651 Registered No.

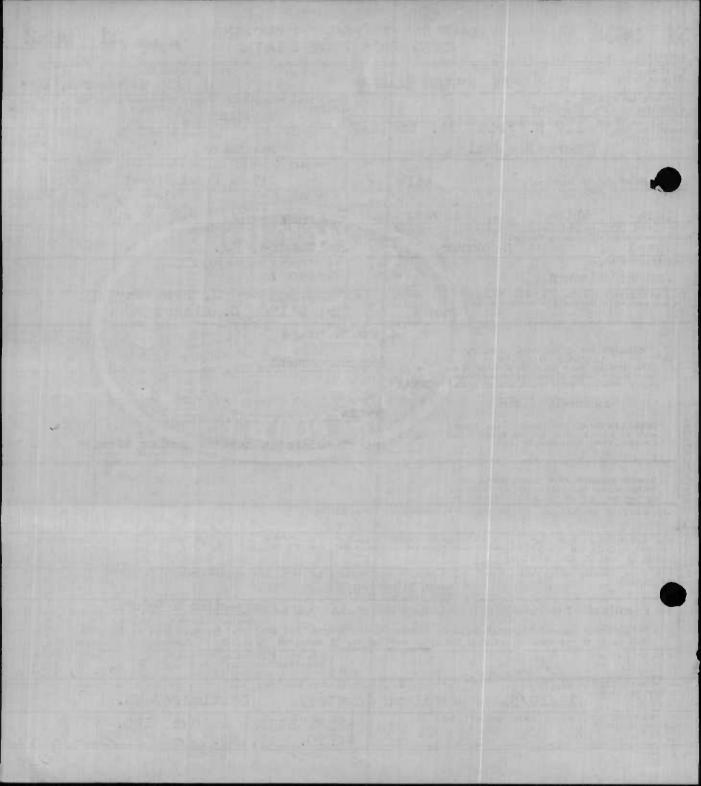
-							
1. (T	NAME OF D ype or Print)		McCART	Y		OF NOV.	7, 1951
A.		City, Maryland			4. usual residence (W		
B. HC	FULL NAME	OF (If not in hos	Charles	ion, give street address or Street location)	c. CITY OR TOWN (If		
IN	STITUTION	Melchor			Baltimor		township)
K				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore		Lile Days	800 W. Fayett	e Street	
	SEX M	6. COLOR OR RAC	widow S1	e, married, ved. divorced (specify) ngle	8. DATE OF BIRTH UNKNOWN	9. AGE (In years last hirthday)	If Under 1 Year If Under 24 Hours Min.
10	A. USUAL OC	CUPATION (Give kin of working life, even if retin	dof 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	none	(Blind			Baltimore, Md	•	USA
13	FATHER'S				14. MOTHER'S MAIDEN NA	ME	
	-	McCarty			Sarah ?		
( T C	. WAS DECEASE s, no or unknown) 10	D EVER IN U.S. ARI	MED FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT 501 Mr. Hamilton W		a for Besad
	18. 431	4.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITIO			tive boomt foilur		
	(This does	not mean the mod re, asthonia, etc. It n	e of dying, e. g	5 ** (A)	tive heart failur	· · · · · · · · · · · · · · · · · · ·	1 month
	injury or	complication which	caused death	L) DUE TO			
		ANTECEDENT CA	USES				
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING						
Ĕ	RISE TO T	HE ABOVE CAUSE (	A) STATING TH	E DUE TO			
۲ ک	ONDERLI	ING CONDITION	LAST.	(C)		•••••••	
E		11		uremia			5 days
L'A		IGNIFICANT CON			ness	yrs.	
U U		SEASE OR CONDITI					
AL	19A. DATE O	F OPERATION O	198, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
<b>JEDICA</b>	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City	, give exact location)
2	JD. TIME	Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from Jan-Y-51.							
					-¥-51 19 to 11.	-7- 18-	that I last saw the
deceased give on 11-6- 197 51 and that death occurred at 4:000 m., from the causes and						he causes and on	the date stated above
	23A. STENAT		11/10		3B. ADDRESS		23c. DATE SIGNED
	Cont	Elswor	4 000	M. D.	2431 Maryland Ave	nue	11-9-51
24 TIC	A. BURIAL, C	pecify)		24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, tow	
	burial	11/10/5			k Cemetery Ba	ltimore,	
DA	CAL REGIST		R'S SIGNATU		IÊN RY SANDERT &	SONS, INC	ADDRESS
N	UV 9 - 19	151 6	Waitlin		BALTO, 13, MD.	,	



41	3	9652

# BALTIMORE CITY HEALTH DEPARTMENT Registered No. 9652

В	IRTH NO.			CERTIFICAT	E OF DEAT	Н	Registere	d No:	
1. NAME OF DECEASED (Type or Print)  TOUN Duntton DI ADE C							2. DATE		
	JOHN DUCCOIL BEADE D						DEATH NOV		
	Baltimore (	EATH: City, Maryland			I A. STATE		here deceased lived B. COUNTY		: residence ore admission
	FULL NAME	OF Thet in hospit	lor institu	give street address or location		ryland		1	
	ISTITUTION			o location;	C. CITT OR TOW		outside corporate li	mite, write RU	RAL and give township
-	-6/	Mercy Hos	brear	Yrs.	D. STREET ADDR	ltimore		01	
	1th of a	tay in Baltimore		Taga Mos.			ront Street		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED,	8. DATE OF BIRT		9. AGE (In years		I If Under 24 Hours
	Male	White		ved, divorced (Specify)	May 28, 18	869	last birthday)	Months Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE		reign country)	12. CITIZ	EN OF
WOL	Hotel	of working life, even if retired)	own	INDUSTRY <b>er</b>	Baltimore			USAWHAT	EN OF COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S M.		ME	1-1-1-1	-
	Thomas	Blades			Susan ?				
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	426 S.	. Broadwa	ADDRESS	
	10	(11 Yes, give war or date	OI SERVICE)	none security No.	Mr. Milton				
	18. 4 2.	2.1		CAUSE	OF DEATH				VAL BETWEEN
	/ -	SE OR CONDITION	DIRECTLY		O. DLAIN			ONSET	AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Bronchopneumonia								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
		ANTECEDENT CAUS	FC						
	(s) Uremia								
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE MINTER							***************************************		
AT	UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular dise se								
5									
Ē		IGNIFICANT CONDI							
Ш		SEASE OR CONDITION							
U	19A. DATE O	F OPERATION 1	B. MAJOR	FINDINGS OF OPER	RATION			20. A	AUTOPSY?
AL	Ol. EVEED	IN CAUSE WAS	218 DI	ACE OF INJURY (e. g., i	n or   21c. WHERE I	DID (If	in Baltimore City	YES L	NO X
EDICAL	UNDERLYIN	AL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		farm, factory, street, office bldg.,			in Baltimore City	y, give exact i	ocation)
Σ	21b. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		NJURY	OCCUR?		
K	- INCOMI		m.	WHILE AT NOT WHILE					
	22. I certij	y that I took ehar	ge of the	remains described o	bove, held an Ir	rspecti	on & Inqui	ry thereon	and from
				opsy, Inspection or I		Autopsy, In	nspection or Inquir	rv	
	and de	ath in my opinion	resulted j	rom: natural causes	s , aceident ,	suicide [	, homicide	, undetermi	$ned \square$ .
	23A. SIGNAT	TURE 1/ W	- M	M	238. CHIEF M ASSISTANT M .D. MEDICAL INV	EDICAL E	XAMINER	Nov. 8.	
24	A. BURIAL, C	REMA- 24B, DATE	0	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LO	CATION (City, tov	wn, or county)	(State)
	urial	11/10/5	1	Woodlawn Cen	netery	Balt	imore, Md	L.	
	TE RECEIVED		SIGNATU	JRE -	TEN EUNERAL NOU	ECTOR (	SONS, THE	ADDRESS	3/
T	U G-	51 FEBRUARION	7.760	Coulle de la	BALTO. 13	MD	Den	Much	4-1
V	S 151	- 4	-	1		, ,,	1	O ->	1/



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1 D DTU	9653

### BALTIMORE CITY HEALTH DEPARTMENT

51	9653

ADDRESS

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) PETER J. DEATH November 9, 1951 WRZESTNSKI 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A STATE before admission) B. FULL NAME OF Maryland (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give C CITY OR TOWN INSTITUTION St. Josephs Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. oth of stay in Baltimore 1508 N. Luzerne Avenue Dava 6 COLOR OF RACE 8. DATE OF BIRTH last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male White 100 USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work lone during most of working life, even if retired 10 1 INDUST 1. BIRTHPLACE (State of foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY EATHER S NAME 140 MOTHER'S MAJEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, sive war or dates of sprince) IAL SOCIAL 17 INFORMANT ADDRESS SECURITY NO (Yes. no or unknown) INTERVAL BETWEEN 18 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... RTIFICATION DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (0) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WOPK 22. I certify that I took charge of the remains described above, held an inspection & insuiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [x, accident ], suicide ], homicide ], undetermined ]. 23A, SIGNATURE 238, CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-IION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER TOR CREMATORY 24D. LOCATION (City, town, or equal

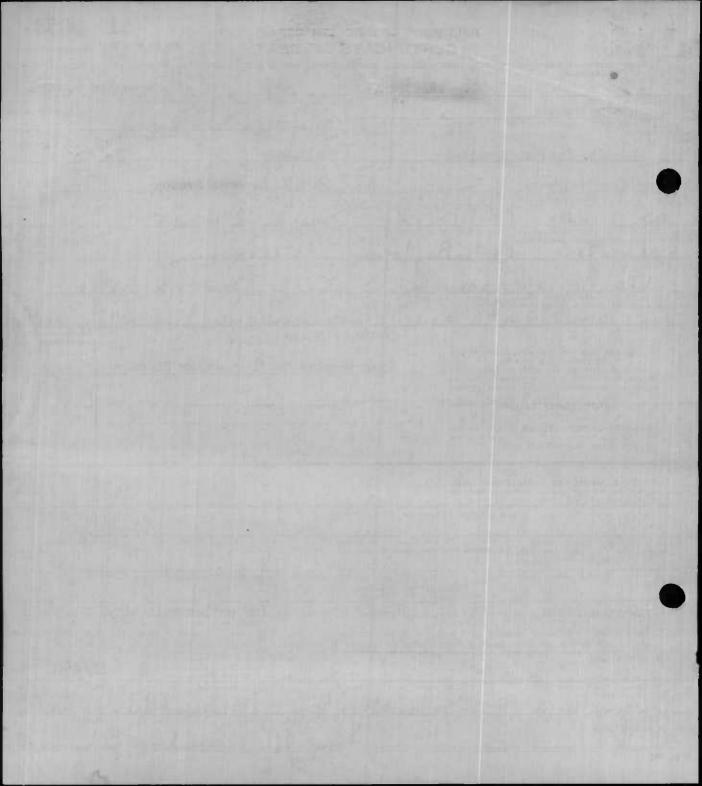
FUNERAL DIRECTOR

VS 151

DATE RECEIVED BY

OCAL REGISTRAR

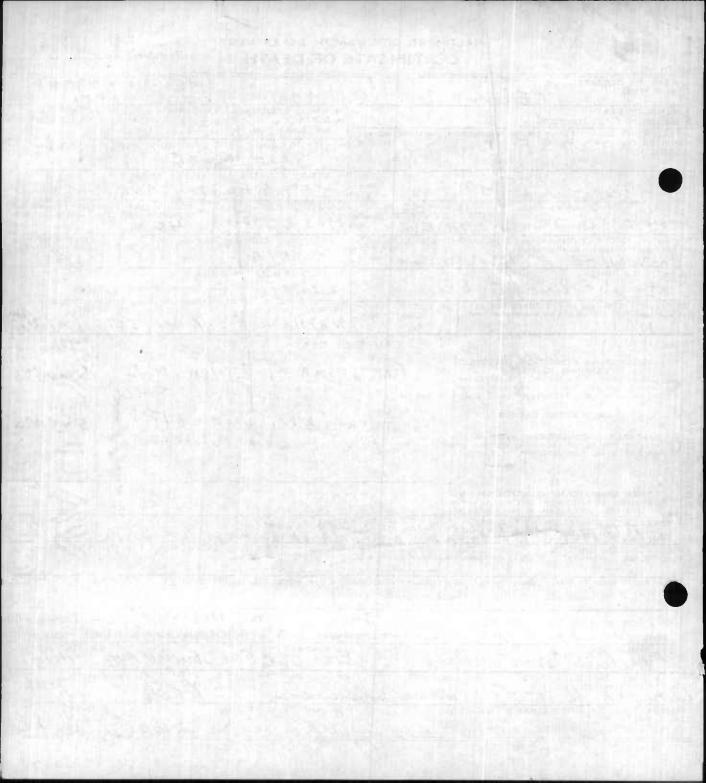
REGISTRAR'S SIGNATURE



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-1	7	COT A
1	,	9504

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BI	RTH NO.					
(T;	NAME OF DECEASED ype or Print)	FREIDA	Re	Ilman	DEATH /	EMBER8
	PLACE OF DEATH: Baltimore City, Man	ryland		4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution: residence before admission)
	FULL NAME OF (If	40 400 4.4	ion, give street address or location)			1
	STITUTION 53	7 S Fulton	Aut.	BALTIM		write RDRA and give pownship)
		110	Yrs.	D. STREET ADDRESS (If		
-	Length of stay in Ba		Mos. Days	537 S. Fu		
5.	SEX 6. COLOR	+o WIDOW	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		under 1 Year If Under 24 Hours nths Days Hours Min.
10	A. USUAL OCCUPATION		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
ork	House Wife	even if retired)	INDUSTRY			WHAT COUNTRY?
13	FATHER'S NAME	2 (0) (0)	nom t	14. MOTHER'S MAIDEN N	AME	0(3)/
J	oseph.	ZuniKoF	F	Lottie -		
15 Yes	. WAS DECEASED EVER IN L, no or nnknown) (If yes, g	U. S. ARMED FORCES? ive war or dates of service)	16. SOCIAL SECURITY NO.	NATHAN KE	//MAN, 53	DDRESS Fu / Au
1	18. 1534		CAUSE	OF DEATH .	1777 470 , 32	INTERVAL BETWEEN
	1001	I ONDITION DIRECTLY		-1	1	ONSET AND DEATH
	(This does not mean heart failure, astheni	G TO DEATH the mode of dying, e, a, etc. It means the diseas ion which caused deat	se,	NOMA OF LIV	Jer Meta Static	6 months
	ANTECE	DENT CAUSES	1.10.	. Chiocial what	1 05	A-1/0-00
S	DISEASES OR CON	IDITIONS, IF ANY, GIVII		10 CARCINOMI		5-YEARS
4	UNDERLYING CON	CAUSE (A) STATING TO	HE DUE TO Th	e Lower Co	0/01	
0						
L	OTHER SIGNIFICA	II ANT CONDITIONS CO	(C)			
	TRIBUTING TO THE	DEATH, BUT NOT RELAT	ŁD .	***************************************	*************	
	19A. DATE OF OPERA	TION 198, MAJOR	FINDINGS OF OPER	MER CULON		20. AUTOPSY?
V	AUGUST 195	(2) MelAs	ACE OF INJURY (e. g.,	MA OF LIVERT	If in Baltimore City, g	YES NO
EDI	HOMICIDE (Specify		farm, factory, street, office bldg.,		in M Daitimore Oity, g	ive exact locationy
2	ID. TIME (Month) (	Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
L	INJURY,	m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify	that I attended the	deceased from I u			, that I last saw the
H	deceased alive on A	lov 8 , 1951,	and that death occu	rred at 8.121 m., from 1	the causes and on th	The state of the s
	23A. SIGNATURE	n. Bru	//	5000 OLD FRE	DERICKAUL	E 1/8/5
24 TV	A, BURIAL, CREMA- 2	4B. DATE	24 NAME OF CEMEY	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
6	was 11	-//- \/	Gran ols	viael !	patto	, Ina
L	SCAL DECICEDAD	REGISTRAR'S SIGNATE	1 +	28. FUNERAL DIRECTOR		ADDRESS PO
		water extens //	Marris Res	talk servis on	R 2100 C	mar 12
	VS 150					46 F
			Catherine I and the			700



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9655

BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF Nov. 6, 1951 LOUIS ANTHONY BAKER DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location) Maryland (If outside corporate limits, write BUBAL and give C. CITY OR TOWN Hospital INSTITUTION township) wmen Pk. Drive & 31st St. D. STREET ADDRESS (If rural, give location) Yrs. 5217 York Read c. Length of stay in Baltimore 113 days Mos. Dava 9. AGE (In years | | Under 1 Year | | Under 24 Hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 9/19/07 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Armco Steel Chauffour USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis A. Baker Margaret Mary O'Donnell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Records- US PHS HOSPITAL, BALTO, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Squamous earcinema of right lung ever l voar (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, with metastases injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. unknown Pulmenary edema OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21'A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 19 51 to 1951, that I last saw the July 16 Nov. 22. I hereby certify that I attended the deceased from. 6, 1951, and that death occurred at 2:50Pm., from the causes and on the date stated above. deceased alive on\_ John 5. Bonson, S.A. Surgeen 23c. DATE SIGNED 23B. ADDRESS US PHS HOSPITAL, BALTO, Md. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A BURIAL, CREMA- 24B, DATE TION, REMOVAL (Specify) Burial 11-10-51 Cathedral Cemetery ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE South De North / Williams 18 VS 150

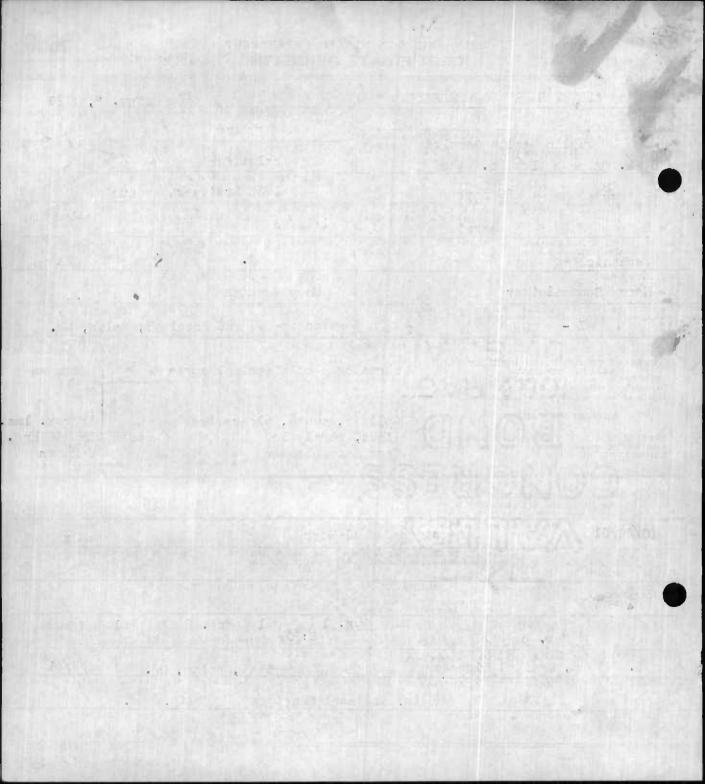
for the soul WALL YES S dwgs ... g and old out ALL SHEET A MARKET AND COMME SINC MEN HIGH R. W. S. L. 7 1 1, 1, 1 100 11 18 - 61 4 3° an mile and all the second Electron to Decide the Persons Lacostie US FRS POSTICAL, Daller, D. They be town that said an anomiotes anemagnet ~ 1 . TROOP IN 10 . 0 10 01 116 TXU: 10% 8 63 Meaned A. Chemes . Chresen

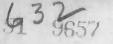
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 9656 Registered No.

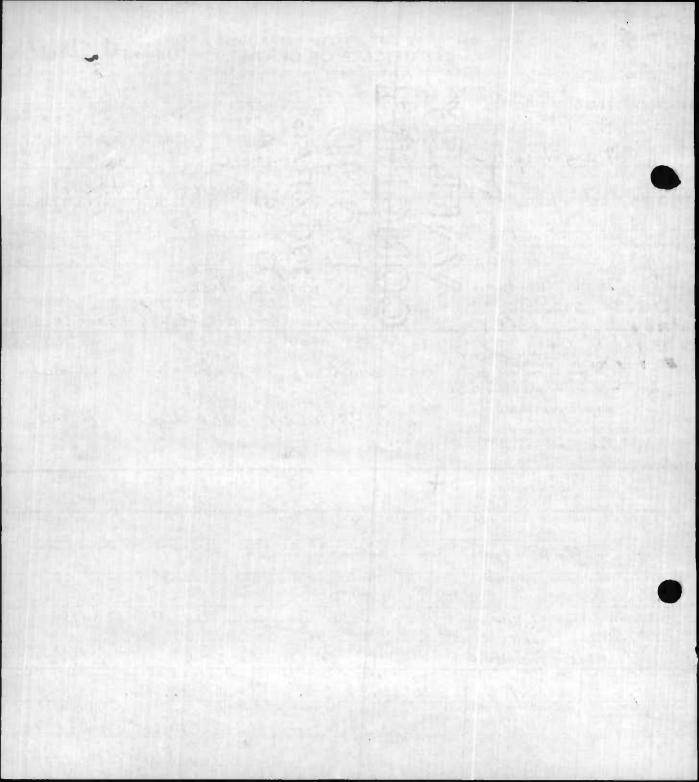
BI	RTH NO.								
1. (T	NAME OF DECEAS		OV COM	TO THE THE		2. DATE OF			
(Type or Print) ALBERT HARRY SONNENLEITER  3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (W	here deceased lived. If	• 8, 1951 institution: residence before admission)		
			al or institut	ion, give street address or rvice location)	Marti 022		1/2		
IN	STITUTION	Hospita	1	rvice location)	c. CITY OR TOWN (If Raltimor	1 9	write RORAL and give township)		
V	lyman Pk. Dri	ve & 31s	t St.	Yrs.					
C.	Length of stay in	Raltimore	99 day	Mos.	D. STREET ADDRESS (If rural, give location)  1933 Breitwert Avenue				
c. Length of stay in Baltimore 99 Cays Days  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  M W Married					8. DATE OF BIRTH 1/12/93		Under I Year H Under 24 Hours nths Days Hours Min.		
	A. USUAL OCCUPAT  A dooe during most of working  Machanic	life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAME			700	14. MOTHER'S MAIDEN NA	AME			
	Henry Sc	nnenleit	ər		Mary Beckman				
15 Ye	. WAS DECEASED EVEL	IN U, S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	Yes (If y	I - US	N	3	Records- US PHS Hospital, Belto, Md.				
	18. 18/1	1		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR	Unknown							
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DEFTO								
	ANTE	ANTECEDENT CAUSES							
Z				(B)TTene	is, acute, ulcerat	· · · · · · · · · · · · · · · · · · ·	Approx. 1mc		
	DISEASES OR C	VE CAUSE (A)	STATING TH		oma bladder	Les	Unknown		
UA	UNDERETHO	ONDITION E				Olimilo Wil			
E E	OTHER SIGNIF	E DEATH. BUT	NOT RELATE	ŁD .					
Ü	19A. DATE OF OPE		The second secon	The same of the sa	RATION		20, AUTOPSY?		
AL	19A. 10/26/51	.3		Carcinoma of	bla dder		YES X NO		
EDICAL	21A. ACCIDENT WAS UNDER.  LYING ☐ OR CONTRIBUTING ☐  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or lying or location)  LYING ☐ OR CONTRIBUTING ☐  about home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?  (If in Baltimore City, give exact location)								
Σ	D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?								
	INJURY  MHILE AT NOT WHILE  MORK AT WORK								
	22. I hereby certify that I attended the deceased from Aug. 1 1951 to Nov. 8 1951 that I last saw								
	deceased alive on Nor 8, 1951, and that death occurred at 2:30P m., from the causes and on the date stated								
	John L. Wils				238.ADDRESS JS PHS Hospital, A	Balto, Md.	23c. DATE SIGNED 11/9/51		
2	4A. BURIAL, CREWA ON REMOVAL (Specify) Burial	248 BATE		NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)		
	Burial	11/13/	/51	Balto. Nati	onal Cemetery	Balto., Md.			
LLD	ATE RECEIVED BY	REGISTRAR	'S SIGNATI	URE	25 FUNERAL DIRECTOR	iknes V	ADDRESS		
VS 150					7	50 BBal	to, and.		





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EMMA ANTONIO LERTZ OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Md B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate-limits write RURAL and give C. CITY OR TOWN INSTITUTION ' township! Duly nore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2305 c. Langth of stay in Baltimore Garrison Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours | Min. Single 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY USA none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kein hold Kosalie Vocice 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO Miss Bertha Lertz-2401 GarrisonBlue no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Toxemia, biliary CAL heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Obstructive Jourdice ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from. 195/ to Nov 7, 195/, that I last saw the deceased alive on NOV . 195/ and that death occurred at\_ Pm., from the causes and on the date stated above. 23B. ADDRESS 23c, DATE SIGNED mouse 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24d. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 11/10/51 Burial Baltimore Cem. Balto.. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



	EALTH DEPARTMENT 51 9658 E OF DEATH Registered No.
I. NAME OF DECEASED Atella V. Etyler (Type or Print)	2. DATE OF DEATH 11. 8. 1951
B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION location	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
c. Length of stay in Baltimore 65 years Mos.	
WIDOWED, DIVORCED (Specify MAYUM)  10. USUAL OCCUPATION (Givekind of work done during most of working life, exclifretired)  At home	July 24, 1882   69  11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
William C. Van Nostrand  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Gertrude E. Monks  17. INFORMANT Mr. Frank L. Etzler - 3614 -B368kyn, Md.
ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)  (A)  (B)	of Death  pulmonary embolism. Is min.
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RIST TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Stanley & Deulaster M. D.
194. DATE OF OPERATION   198 MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY  WHILE AT NOT WHILE	Brooklyn at home 3614 - 3rd St.

8 ame WORK

and that death occurred at 199, to 238 ADD 22. I hereby certify that Lattended the deceased from 10.24

24c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem. 25 FUNERAL DIRECTOR

24D. LOCATION (City, town, or county) Balto., Md.

am., from the causes and on the date stated above. 23c. DATE SIGNED

VS 150

deceased alive on 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

1951, that I last saw the

24B. DAKE 11/12/51

REGISTRAR'S SIGNATURE

N820.0

Dr. D. H. Masseritz.

Jample Bardan Afot. - Ma. &

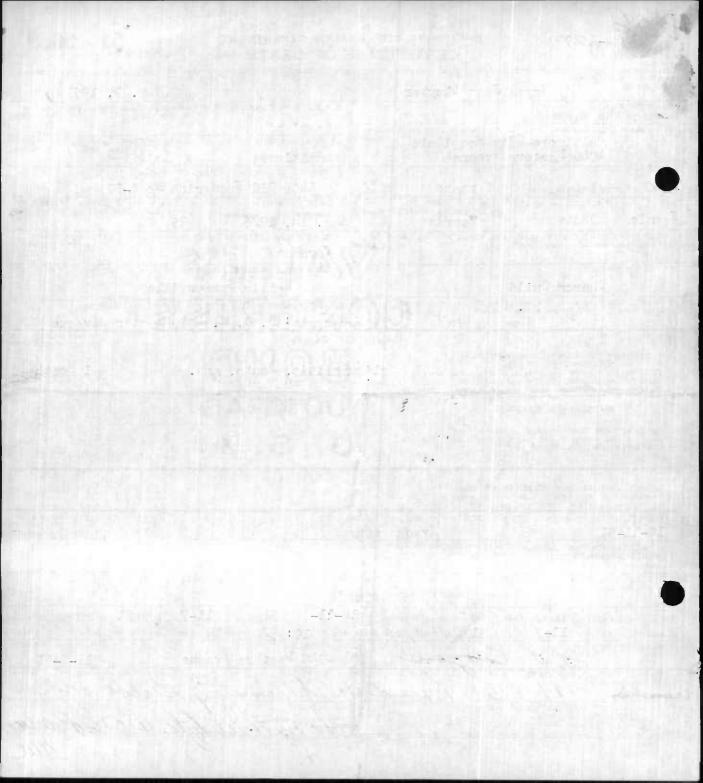
Elovardal & Rd. & Druid H. 11 Park. Have Okay'al by M. E. Office

436	
OF OUR	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9659

D	IRIA NO.								
	NAME OF DI		ma Jean	Sluyter		2. DATE OF NOV.	7, 1951		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE ( A. STATE Maryland		institution		
HOSPITAL OR INSTITUTION Baltimore City Hospitals location)  4940 Eastern Avenue									
c.	Ogth of st	tav in Baltimore	2 ye	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. Beath of stay in Baltimore 2 years Days  5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)  Married Married				8. DATE OF BIRTH		II Under 1 Year	If Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or		12. CITIZ WHA	EN OF T COUNTRY?	
13	B. FATHER'S N	Theron Gui	1d.		14. MOTHER'S MAIDEN N Mattie Su	mmerville			
(Ye	5. WAS DECEASE m, no or unknown)	D EVER IN U.S. ARM (If yes, give war or de	ED FORCES? tea of service)	16. SOCIAL SECURITY NO.	Records: B. C. H		n Aven	nue	
RTIFICATION	heart failm injury or DISEASES RISE TO TH UNDERLY	LEADING TO DE not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CALL OR CONDITIONS. HE ABOVE CAUSE (/ING CONDITION)	of dying, e. geans the diseas caused death JSES IF ANY, GIVIN ) STATING TH LAST.	(B)	mvelitis, Acute, al and Bulbar	amb.	1 1	lonth	
CER	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU SEASE OR CONDITION	T NOT RELATE	ED					
_		F OPERATION	198. MAJOR	FINDINGS OF OPER		ESPECIAL SET		AUTOPSY?	
EDICAL		ENT WAS UNDER		Trachectom ACE OF INJURY (e. g., i farm, factory, street, office bldg.	in or 21c. WHERE DID	(If in Baltimore City,	give exact	location)	
Σ	215. TIME (	Month) (Day) (Yes		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?			
	22. I hereby certify that I attended the deceased from 10-11-, 151, to 11-7, 151, that I last saw the deceased alive on 11-7, 1951, and that death occurred at 10:452. from the causes and on the date stated above.								
	23A. SIGNAT	S.S.		7 m. D.	4940 Eastern A		11-	8-51	
TI	AA. BURIAL, CON, REMOVAL (S	pecify)	0/51	Laudes Audes	M. Crematory 240.	ary , Dalx	6.07	rd.	
	NOV 9 - 1		SIGNATU	entity if a	Harry N. U.	itale. 410	ADDRES OF A	mondery	
	VS 150		280				36	due	



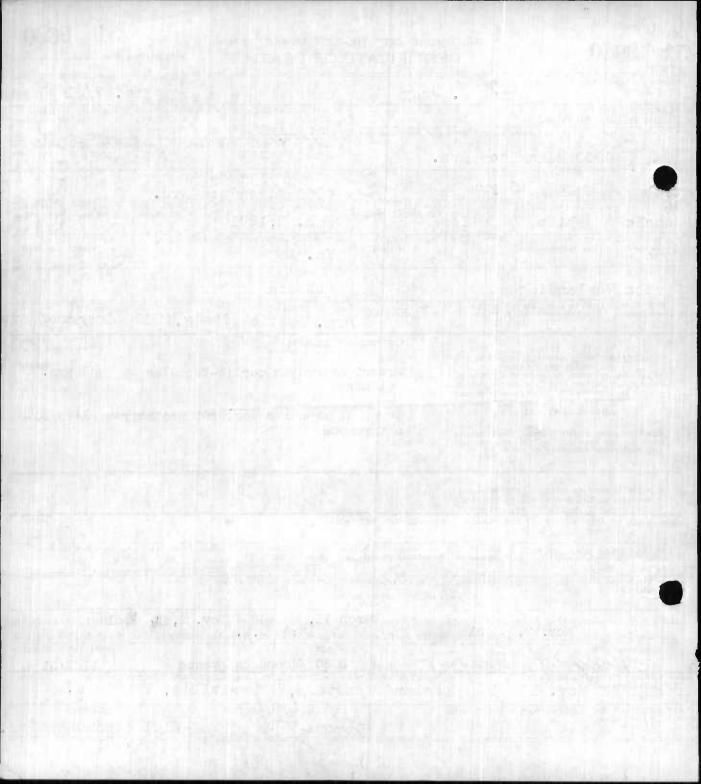
51 9660 BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

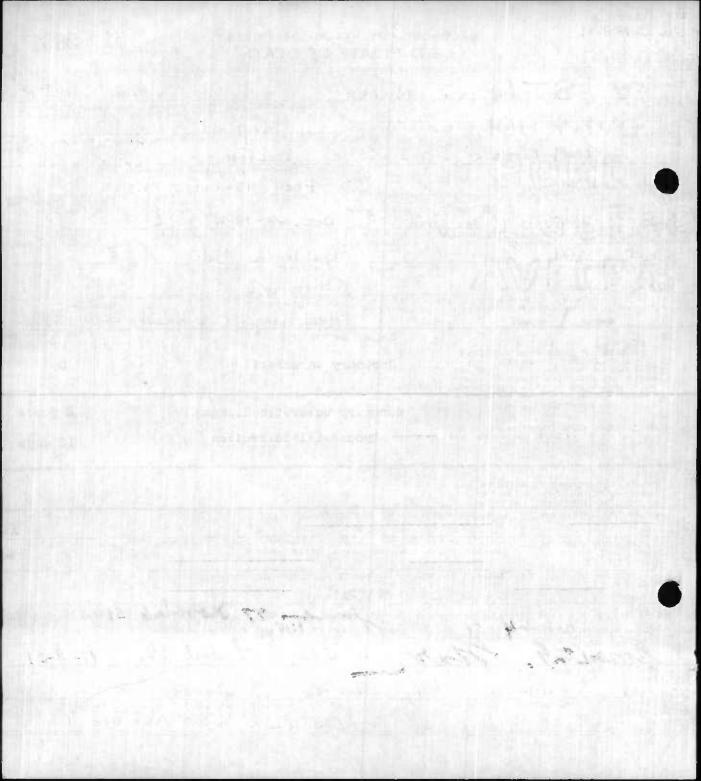
51 9660

Registered No.

	NAME OF D pe or Print)	ECEASED	gnes I	. Bray		2. DATE OF NOV .	7/51		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)  HOSPITAL OR location)  4000 Edmondson Ave.					4. USUAL RESIDENCE A. STATE Maryland		institution: residence before admission)		
5. SEX Female 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) VIOLOW					Feb. 5,1871		under 1 Year H Under 24 Hours nths Days Hours Min.		
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)    One   Industry					11. BIRTHPLACE (State of Va.	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	FATHER'S				14. MOTHER'S MAIDEN				
		Vanlanding			Rebecca Butler				
15. Yes,	WAS DECEASI	ED EVER IN U, S. ARMEI (If yes, give wer or date	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	issig,4000 A	dmondson Av		
Т	18.	4	122	CAUSE	OF DEATH		INTERVAL BETWEEN		
	(This does heart failu	LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mean	TH f dying, e.g ns the diseas	e, disea	osclerotic cardi se	o-vascular	3 yrs.		
	mjury or	complication which c			al vascular acci				
_		11/1/51							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
4	UNDERLYING CONDITION LAST.								
-									
T L	TRIBUTING	IGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED					
١٠	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
3	YES NO  21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in or   21C. WHERE DID (If in Baltimore City, give exact location)								
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH    About home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?								
	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK								
	22. I hereby certify that I attended the deceased from March 11. 1948 to Nov. 7. 19 51that I last saw the								
	deceased alive on NOV. 7, 19 51, and that death occurred at 10:00 m. From the causes and on the date stated about								
	23A, SIGNA	LONGO A	my	M. O.	3030 Edmondson	Avenue	23c. DATE SIGNED 11/9/51		
119	N REMOVAL (S	TOV. 10		246. NAME OF CEMETE Roseland Cen	metery, Requ	dville, Virg			
DA	TE RECEIVE			JRE LANGE, ME	25 FUNERAL DIRECTOR	- A - A	ADDRESS		
	14042	1271 1 8000 600 1	Star (12	an armen link	vary N. U	ungood sa	mondson Ave		
	VS 150	6		COLUMN TO THE REAL PROPERTY.	// 3		^		



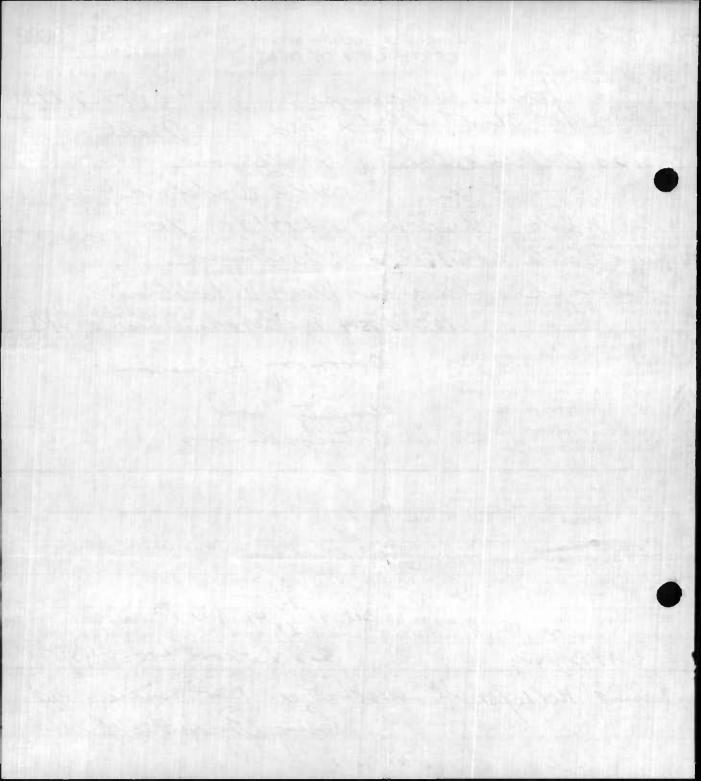
Dr. Marr 516 Cathedral BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION 4009 township) Dalimore Yrs. D. STREET ADDRESS (If rural, give location). Mos. gth of stay in Baltimore Tarkside 1009 Drive Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED Il Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Mak Dec. 29-1884 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Metal Sheet LliMore 13. FATHER'S NAME 14. MOTHER'S MAPDEN NAME VOHN Huber hristina 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unkoowo) (If yes, give wer or dates of service) SECURITY NO. L. Nuber- 4009 Tarkside argarel CAUSE OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Coronary thrombosis 0 heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary sclerotic disease years CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Myocardial infarction UNDERLYING CONDITION LAST. 18 days (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL VES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 1977 to Marvenday (, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. 19.51. and that death securred at 1:16 pm., from the causes and on the date stated above. deceased alive on Movember 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE CEMETERY OR CREMATORY 24c, NAME 24D. LOCATION (City, town, or county) Burial 11-10-51 Nedeemer DALIO DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9662 Registered No.

BIRTH NO.	·						
1. NAME OF DECEASED James / Thomas	2. DATE OF DEATH VIN 7 1957						
Baltimore City, Maryland 3122 Oaklord	A. USUAL RESIDENCE (Where deceased lived, If Institution: residence a. STATE B. COUNTY before admission)						
s. FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
INSTITUTION	(If dutiside corporate innies, write ROKAT and give						
3122 Vallford Use	o. STREET ADDRESS (If rural, give location)						
Mos.	31-22 Balala e One						
c. Deligth of stay in Baltimore Days  5. SEX [6. COLOR OR RACE   7. SMGLE, MARRIED.]	8. DATE OF BIRTH 9 GE (in years   If Under 1 Year   If Under 24 Hours						
MIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours Min.						
TOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
ork done during most of working life, even if retired)	WHAT COUNTRY						
13. FATHER'S NAME	Hallmore						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
samuel flower	Mary V. Robbine.						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 0 380 SDRESS Unk						
705-05-751	4 mis Beron Thomas Ila.						
18. 42011 CAUSE	OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY							
(This does not mean the mode of dying, e.g., (A)	The of ollers						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO							
ANTECEDENT CAUCES	2 ( ()						
ANTECEDENT CAUSES Seriely unt							
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	acopus.						
(C)							
11							
OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSING IT.	AATION   20. AUTOPSY?						
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	YES NO						
21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g., in							
218. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH 218. PLACE OF INJURY (e.g., in or large of the property of the							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE	73 . 4						
22. I hereby certify that I attended the deceased from Oc	15 1948 to Nov 72, 190 , that I last saw the						
deceased alive on 71, 19 51, and that death occur							
	3B. ADDRESS 23C PAPE SIGNED						
Mysyerey M.O.	3033 WHOW CH 1/8/5/						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY, OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
TION REMOVAL (Specify) Word to for St. Gelsent	hytoras New Mindson and						
PATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FORERAL DIRECTOR, ADDRESS						
LOCAL REGISTRAR	Lasing (Burns 5750) All Halle						
	Jony Lynn Son Syn Sylves						
VS 150	- a day						

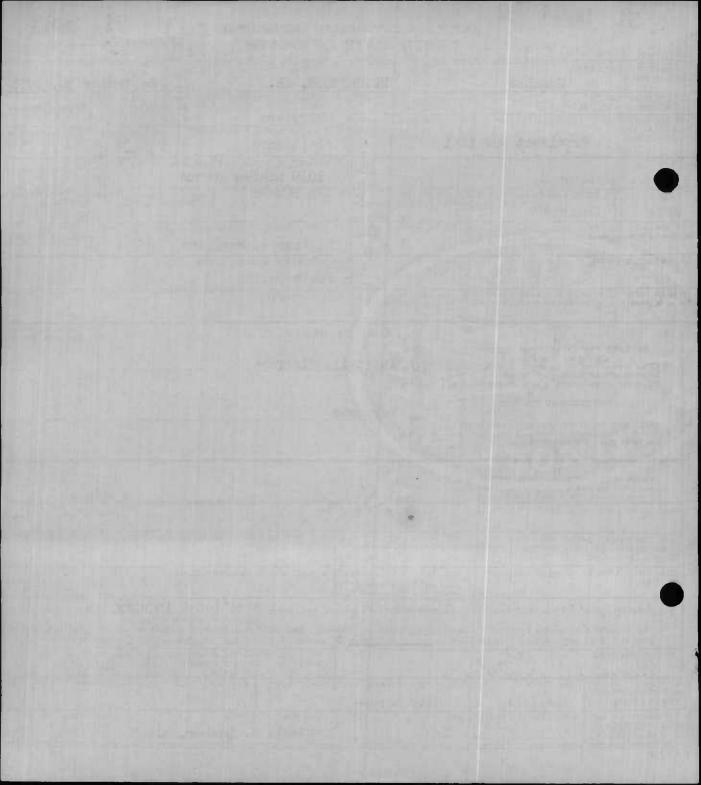


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51

Registered No.

1. NAME OF D (Type or Print)	PECEASED CHARLES	S	нитсн	INSON, JR.	2. DATE OF Septe	mber 30, 1951
3. PLACE OF D A. Baltimore ( B. FULL NAME	City, Maryland	al or institut	ion, give strect address or	4. USUAL RESIDENCE ( A. STATE Maryland		
HOSPITAL OR INSTITUTION	Provident		location)		If outside corporate limit	s, write RURAL and giv township
c. th of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I 1019 Linden A	f rural, give location)	
5. SEX Male	6. COLOR OF RACE Colored		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		Strater   Year   If Under 24 Hours   Min.
10A. USUAL OC ork done during most	CUPATION (Give kind of of working life, even if retired)	IOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore, Mar		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			Julia Belton	VAME	V
15. WAS DECEAS You, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
(This doe heart failt injury or DISEASE RISE TO TUNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of the complete of the comp	TH of dying, e. 1 ns the diseaseaused death SES F ANY, GIVIN STATING TH	(B) Marasm			
TO THE O	TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING I		ATION		20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in arm, factory, street, office bldg., et		(If in Baltimore City, g	YES NO X
210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21f, HOW DID INJUR	Y OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined 23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER						
24A. BURIAL. (STON, REMOVAL (S Cremation			City Morgue		LOCATION (City, town,	or county) (State)
DATE RECEIVE OCAL REGIST	D BY REGISTRAR'S	SIGNATU	RE .	25. FUNERAL DIRECTOR Russell S. Fi	sher, M.D.	ADDRESS
V S 151	Crean	les est	1 Magin 10/0	150 A 10 30 am		119a C

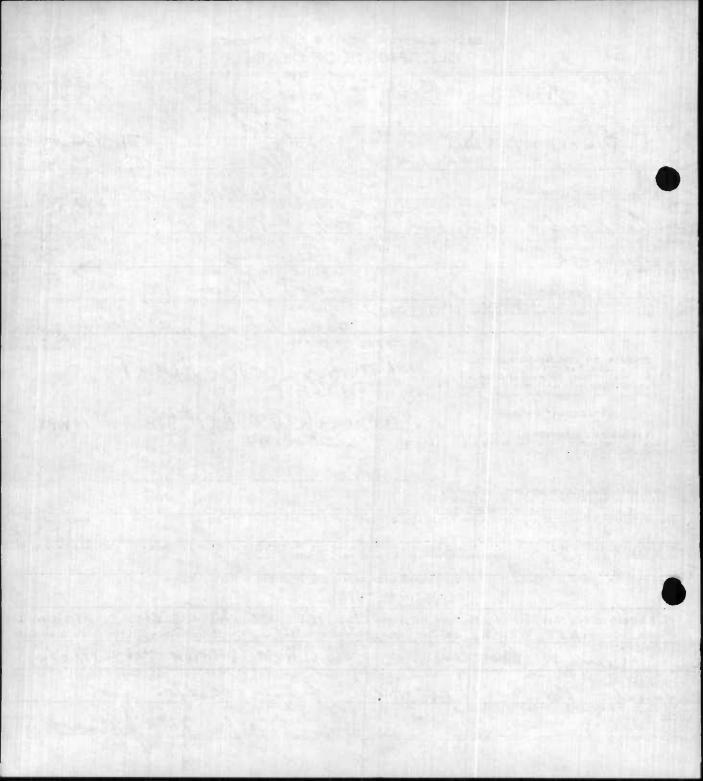


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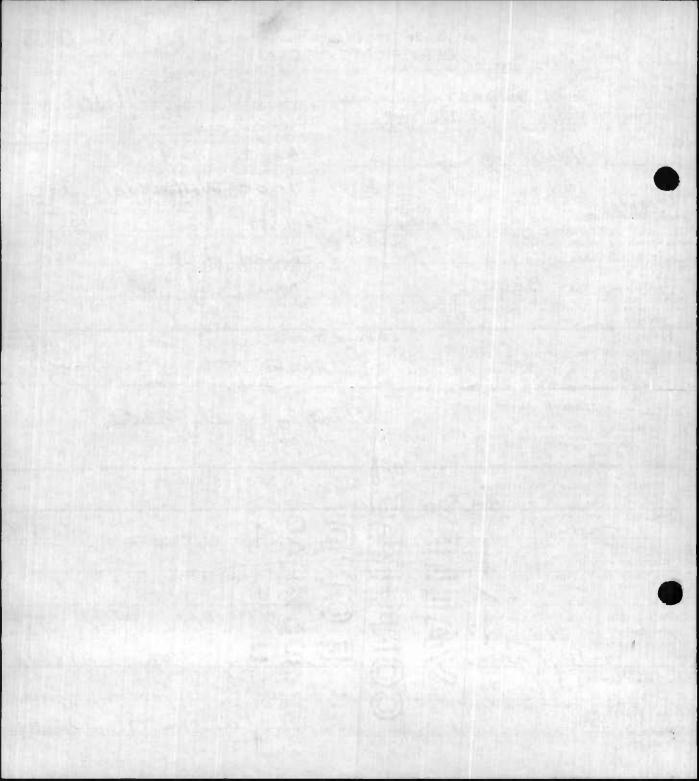
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 9664

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No				
I. NAME OF DECEASED ROSE	Fisher	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEATH	MBEP8			
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived. If in B. COUNTY	stitution : residence before admission)			
S. FULL NAME OF (If not in hospital or institution PINE CREST SAN	A - location)	c. CITX OR TOWN (I	f outside corporate limits	write RUM 17 and give township)			
	Mium Yrs.	D. STREET ADDRESS (II	f rural, give location)				
Length of stay in Baltimore	Mos. Days	538 M. M.	ilton are.				
7 1 7/0+ WIDOW	E, MARRIED, /ED DIVORCED (Specify)	Feb. 26-1866		hs Days Hours Min.			
ork done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
not Known		Not Know	en				
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Carrie Patera		Eldery St.			
18. 42010	CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. f. heart failure, asthenia, etc. It means the diseas injury or complication which caused death	se,	riosclerationiscase	HearT	?			
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CLEROSIS	RIFRIO-	10 yres			
	(C)						
OTHER SIGNIFICANT CONDITIONS COI TRIBUTING TO THE DEATH, BUT NOT RELATI TO THE DISEASE OR CONDITION CAUSING	ŁD .						
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?			
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLA about home, I	ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e		(If in Baltimore City, giv	re exact location)			
INJURY	INJURY WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased alive on NOV 6, 1951.	and that death occur	red at 6.454 m., from	loveABCL, 1957, the causes and on the	date stated above.			
- Meany 1.	en M. D. 5	OUD OLD FIF DE		23c. DATE SIGNED			
Bund 248. DATE  TION REMOVAL (Specify)  Hov. 10-5-1	MA. Olive	& Gen. (	Balto.	mol-			
DATE RECEIVED BY REGISTRAR'S SIGNATULE OF THE PROPERTY OF THE		25/ FUNERAL DIRECTOR	n 2334 h	Luar- LT			
			111				



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F4 000E	EALTH DEPARTMENT 51 9665  F. OF DEATH Registered No.
BIRTH NO. 31-26380	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF
3. PLACE OF DEATH:	DEATH  4. USUAL RESIDENCE (Where deceased lived, if institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address o	
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Toucy Thusp.	D. STREET ADDRESS (If rural, give location)
c. Eigth of stay in Baltimore	7000 Willowdale Ave
5. SEX MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  9. AGE (In years   ft Under 1 ft Under 24 Hours   last birthday)   Months; Days   Hours   Min.
w. neulon	10/3/51 10
ork done during most of worklog life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MALOEN NAME
John W. Baynes.	marie Els. 5 Sein
15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no or unknown) (1f yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
mo	
DISEASE OR CONDITION DIRECTLY CAUSE	OF DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	remeterate 10 da
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	+
DISEASES OR CONDITIONS, IF ANY, GIVING	traply of the bladde
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	4.
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.,	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	
m. WHILE AT NOT WHILE	
22 77 1:0 12 12 12 12 12 13 13 14	
22. I hereby certify that I attended the deceased from	0/3/ , 1951, to 11/9 , 195/that I last saw the
deceased alive on 11/9, 1951, and that death occu	rred at 405 Am., from the causes and on the date stated above.
deceased alive on 199, 1951, and that death occu	23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED
deceased alive on 7, 1951, and that death occur  23A. SIGNATURE  4. R. P. P. M. D.  24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	erred at 495 Am., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED  ERY OR CREMATORY 249. LOCATION (City, town, or county) (State)
deceased alive on 7, 1951, and that death occur  23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Bay a 1  DATE RECEIVED BY   REGISTRAR'S SIGNATURE	erred at 495 Am., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED  ERY OR CREMATORY 249. LOCATION (City, town, or county) (State)
deceased alive on 7, 1951, and that death occur  23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Bay: a   24B. DATE   24C. NAME OF CEMETI  7// 10   7   7   7   7   7   7   7   7   7	erred at 405 Am., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED  23C. DATE SIGNED  24g. LOCATION (City, town, or county) (State)  25. FUNERAL DIRECTOR  ADDRESS
deceased alive on 7, 1951, and that death occur  23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Bay a 1  DATE RECEIVED BY   REGISTRAR'S SIGNATURE	erred at 495 Am., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED  ERY OR CREMATORY 249. LOCATION (City, town, or county) (State)



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51 9	566		CERTIFICATE	E OF DEATH	Registere	d No		
. NAME OF Type or Print)		Jani	le Green		2. DATE OF DEATH	11-9-19	51	
	City, Maryland			4. USUAL RESIDENCE (V			n : residen	
LEULL NAME HOSPITAL OR NSTITUTION	D 711 C.	ty Hosy	tion, give street address or location)	c. CITY OR TOWN (If Baltimor e	outside corporate l	mits write R		d giv
	stay in Baltimore	Lif	Yrs. Mos. Days	509 N. Box				
S. SEX	6. COLOR OR RACE	7. SINGL WIDOV Separa	e, MARRIED, VED, DIVORCED (Specify) a ted (Married)	June 9- 1890	9. AGE (in years last birthday)	Months Day	s Hours	Min.
OA. USUAL. O	CCUPATION (Give kind of stof working life, even if retired)	10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITI WHA	ZEN OF	1TRY
3. FATHER'S		am Batı	ım	14. MOTHER'S MAIDEN N. Eliza Carrol	4			
5. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANTBaltim Records: 4940 E	ce City Hos	PPORTES		
heart fai injury o	LEADING TO DEAT es not mean the mode of lure, asthenia, etc. It means complication which of ANTECEDENT CAUSE ES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA	f dying, e. ns the disca aused deat  EES  F ANY, GIVI STATING T	se, h.) DUE TD Hype NG	ral Thrombosis	scular dise		day	
TRIBUTI	SIGNIFICANT CONDING TO THE DEATH, BUT OISEASE OR CONDITION	NOT RELAT	ED Glomemil	onephritis		0	ver	
	OF OPERATION 3   1 -8-1951		e findings of oper le Biopsy	ATION		20. YES	AUTOP	SY?
	IDENT WAS UNDER- OR CONTRIBUTING	218. PL about home	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore Cit	ty, give exact	locatiun	.)
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?			
deceased		ended the	and that death occur	-19- red at 1.20A m., from t 38. ADDRESS			stated a	ibov
23A. SIGN.	CREMA- 248, DATE	do	M. O. 4	36. ADDRESS 340 Eastern Ave., RY OR CREMATORY   240. L		1d. 11-	9-195	51
ION, REMOVAL		4. 1	4 4 B		00	7 5	(/	

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DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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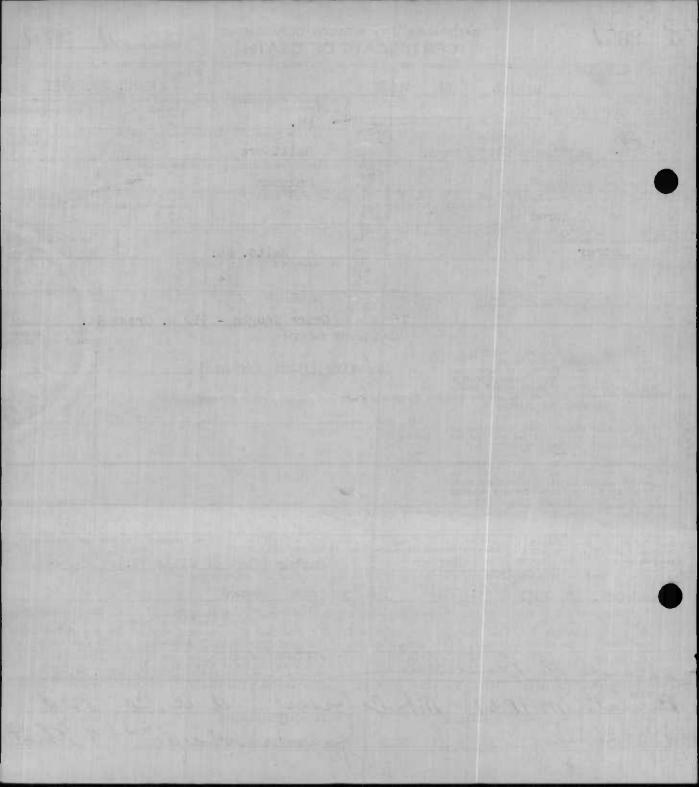
ADDRESS

See Document File 51-9666 2/7/52 ES

45° 9667	
1. NAME OF DECEAS (Type or Print)	E
3. PLACE OF DEATH: A. Baltimore City, M. B. FULL NAME OF	1
HOSPITAL OR INSTITUTION	

# BALTIMORE CITY HEALTH DEPARTMENT

			CERTIFICATE	E OF DEATH	Registered	NO.
BIRTH NO.	-CEACED				10.0475	
1. NAME OF DE (Type or Print)	DAN]	EL E	ARL ALLEN		2. DATE OF DEATH Oct.	28, 1951
3. PLACE OF DE A. Baltimore C	ity, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, I B. COUNTY	f institution: residence before admission)
B. FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (	If outside corporate lim	ts, write RURAL and give
Marrionek	Baltimore	City Mc	rgue	Baltimore	· ·	township)
c Orth of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (	If rural, give location)	
5. SEX	6. COLOR OR RACE		, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   H Under 24 Hours
Male	Colored		PED, DIVORCED (Specify)	?	42 ?	onths Days Hours Min.
	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
	orer		Sen	Balto, Me		
13. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
15 WAS DECEASE	D EVED IN II C ADME	FORCEC	L 16 COCIAL		7	
	D EVER IN U.S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS
?			?	Grace Vaughn	- 512 W. Cros	S St.
(This does heart failure injury or DISEASES RISE TO THE OTHER S	E OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mes complication which of the complication which of the complication which of the ANTECEDENT CAUSE (A) ING CONDITION LA III IGNIFICANT CONDITION TO THE DEATH. BUT	TH of dying, e. 1 ins the disease caused death SES  F ANY, GIVIN STATING THEST.	(A)Drown  (B)  (C)	of DEATH ing (found drown	ied)	ONSET AND DEATH
TO THE DE	SEASE OR CONDITION	CAUSING I	т	ATION		20 AUTOREY2
	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO
UNDERLYING UTING B-C	AL CAUSE WAS G Y OR CONTRIB- AUSE OF DEATH.  Month) (Day) (Year)	(Hour)	ACE OF INJURY (e.g., in arm, factory, street, office bldg., e.g., in arm, factory, street, office bldg., e.g., in a constant of the constant o	Harbor (foot 21f. How DID INJU		give exact location)  3/2
und Oc	t. 28, 1951	: OUA.	WHILE AT NOT WHILE	X   Found drowned	l	
the evi	dence obtained by ath in my opinion	said Auto	rom: natural causes	bove, held an Autopsy nquiry, find that said of accident . suicid ASSISTANT MEDICAL D. MEDICAL INVESTIG.	le [], homieide [], L EXAMINER [] 2 L EXAMINER []	he day stated above
24A. BURIAL. C	REMA 248. DATE		24C. NAME OF CEMETE		LOCATION (City, town	
Burn	6 m/1	7.57	mr Car	rany a	a a, co	· ma
LOCAL REGISTI		SIGNATU	RE	25. FUNERAL DIRECTOR	Laun 63	8 4. Johns
V S 151	1990.0	11	9709	9		183

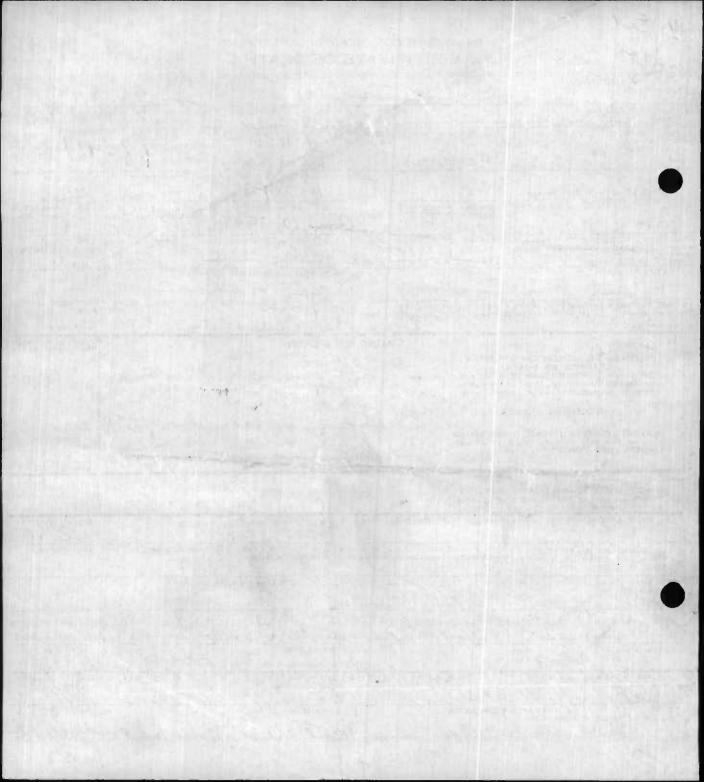


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1 BIRTH	968	68	ì

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 9668

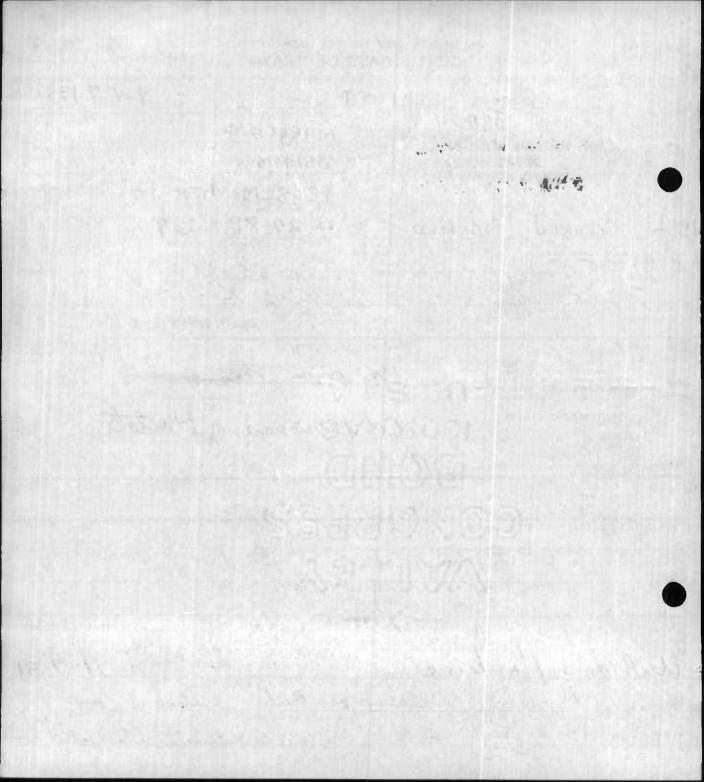
B	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF DECEASED Type or Print)	103 1 . 1		2. DATE.	
	(georo	e Washingto	n	DEATH Nov. 8, 19	151
	. PLACE OF DEATH: . Baltimore City, Maryland		A. USUAL RESIDENCE (Wh	ere deceased lived. If institution :  B. COUNTY before	residence re admission)
	FULL NAME OF (If not in hospitospital OR	tal or institution, give street address or location)	Maryland	Balto.	
	STITUTION	( l	C. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give township)
_	Universit	4 Hospital	Baltimore	10	, , ,
		Yrs Mos.	D. STREET ADDRESS (If ru		1 0
	. bength of stay in Baltimore . SEX 6.COLOR OR RACE	Days		ngton >t Ap	1 8
٠.	M	7. SINGLE. (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     Under   Year last hirthday)   Months Days	Hours Min.
10	DA. USUAL OCCUPATION (Givekinder	100 KIND OF OUR WITE OF	may, 10, 1901.	74	
or	k done during most of working life, even if retired	LOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		COUNTRY?
15	B. FATHER'S NAME	O management	Vergeno	- US	A
14	P + (A)	o The Sharp	14. MOTHER'S MAIDEN NAM	/E	./
1.5	Robert Was	haras	Ella moa	O	
Ye	5 WAS DECEASED EVER IN U. S. ARME 15, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
سار	nknown	?	Isabelle Washing	ton (wrte) Sav	ne
	18. 490 X 1	CAUSE	OF DEATH	INTERV	AL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA		0		A DERTH
	(This does not mean the mode	of dying, e.g., (A) Xalan.	Internomen of les	It lower loby 3/	days
	heart failure, asthenia, etc. It mes injury or complication which	caused death.) DUE TO	segment of while	en lobe	
	ANTECEDENT CAUS	SES			
Z		(B) Septi	eenia secon	down to (A)	
9	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO		8	
4	UNDERLYING CONDITION LA	AST. (C) Leady	superia secon	day to (B)	
FIC				Λ	
7	OTHER SIGNIFICANT COND	ITIONS CON-	× %.		
1	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
,		198. MAJOR FINDINGS OF OPER	ATION	20. A	UTØPSY?
Y	7			YES V	ON D
2	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bldg., e		in Baltimore City, give exact lo	ocation)
VE VE	CAUSE OF DEATH		MSGRT GGGGRT		
-	21D. TIME (Month) (Day) (Year	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INSOR!	m. WHILE AT NOT WHILE			
	22. I hereby certify that I at	tended the deceased from	5. 5 . 1957/to how	8 , 1951, that I la	at again the
		_, 1951. and that death occur			ited above
	23A. SIGNATURE		3B. ADDRESS		TE SIGNED
	J. K. Dage	м. р.	Iniversity,	HOSP. 11-8	2-5/
3	AA. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE	RY OR CREMATORY 240. LOS	ATION (City town, or county)	(State)
1	sural 1/1/2/1	101 Watulus	Manoral (1)	Julies III	10%
D	ATE RECEIVED BY   REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS	322N
-	NOV 1 U1951	tor Williams Hills	Mrs Katu R. h	Alli Schan	ed 1. 1 1 in
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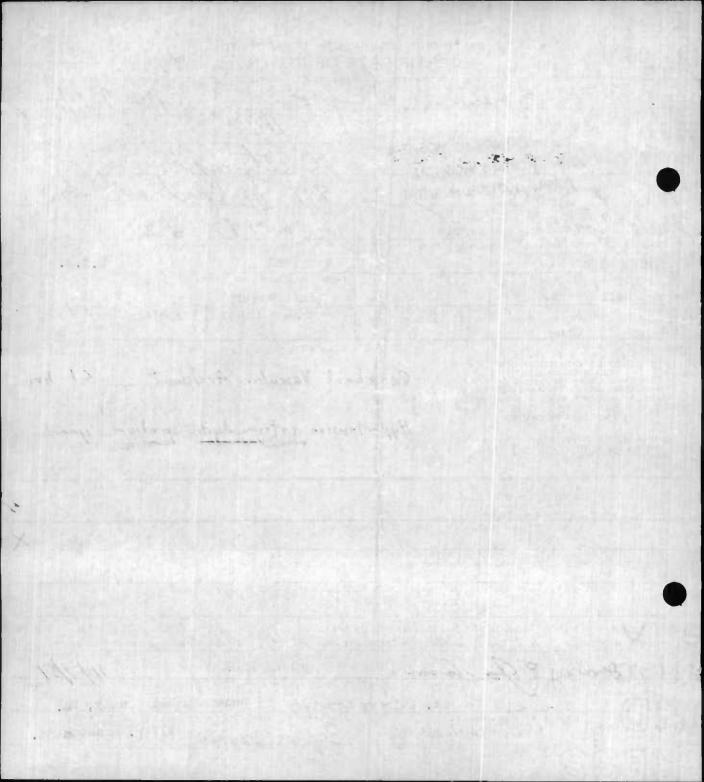
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GEORGE FLLIOT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City. Maryland B. COUNTY A STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR OHNS HOPKINS HOSPITAL location) (If outside corporate limits, write RURAL and give (ownship) D. STREET ADDRESS (If rural, give location) Mos. MoshER c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) II Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) MARRIED COLOREU 10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11.LBHOTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? avoror Chu una 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nokoowo) (If yes, give war or dutes of service) 16. SOCIAL JOHNS HOPKINS HOSPITAL (Yes, no or nokoowo) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WORK AT WORK 201951, to. 1901 that I last saw the 22. I hereby certify that Lattended the deceased from arred at 7 m., from the causes and on the date stated above.

23B. ADDRIGHNS HOPKINS HOSPITAL I 23C. DATE SIGNED 190/ a. and that death occurred at deceased alive on 34. SIGNATURE 24A. BURIAL, CREMA TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR



46	5						
51 96°	70		CERTIFICAT		n	51 9670 ered No	
1. NAME OF D (Type or Print)	ECEASED	buil	e. Jo	rylor	2. DATE OF DEATH	W. 1. 19c,	
	City, Maryland			A. USUAL BESTOE	NCF (Where deceased liver B. COUN'		
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hosnit	HOPKIN	ion, give street address or LS HOSPITAPeation)	C. CITA OR TOWN	(If outside corporate	e lin its, write BUBAL and give	
	JOHNS HO	PKINS 14	I.FS.	D. STREET ADDRES	s (If payal, give location	on)	
c. Length of s	A A	143 MISS.	HOSPITAL Mos. Days	810 M	. Centr	alme	
Lemile	Colored	Mar	E, MADRIED, VED, DIVORCED (Specify) Pried	10-30-9	9. AGE (in yes last birthday	y) Months Days Hours Min.	
	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S				14. MOTHER'S MAI	DEN NAME	000000	
	ll Parker			Zena Park	er		
15. WAS DECEAS (Yes, ac or unknown)	ED EVER IN U.S. ARME (If yes, give war or date None	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORTANS	OPKINS HOSPITA	ADDRESS	
heart failu injury or  DISEASES RISE TO T	not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUSE OR CONDITIONS, I HE ABOVE CAUSE (A) (ING CONDITION LA	ins the disease aused death  SES  F ANY, GIVIN  STATING TH	DUE TO  (B) Hypar	ensive arteri	r Accident		
TRIBUTING	II IGNIFICANT CONDI TO THE CEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
19A. DATE C			FINDINGS OF OPER	RATION		20. AUTOPSY?	
	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	on or 21c. WHERE DI etc.) INJURY OCCUR	O (If in Baltimore 6	City, give exact location)	
TIME	TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
22. I herch deceased a	y certify that Late		deceased from 11 and that death occur	rred at 10 m.,	. / /	19 Z, that I last saw the	
23A, SIGNA	Dudley P.	Jas	asan M.D.	38. ADDRESS LOHNS H	HORKINGS HOSEPITA	23c, DATE SIGNED	
24A. BURIAL. (S	Pecify) 24E DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City,		
Burial	11-10-		Mt. Calvary		Anne Arundel		
NOV 10	tron a sea		Linua, Malli	Payner C	anders 217	g. Prestom St.	
VS 150						1210	



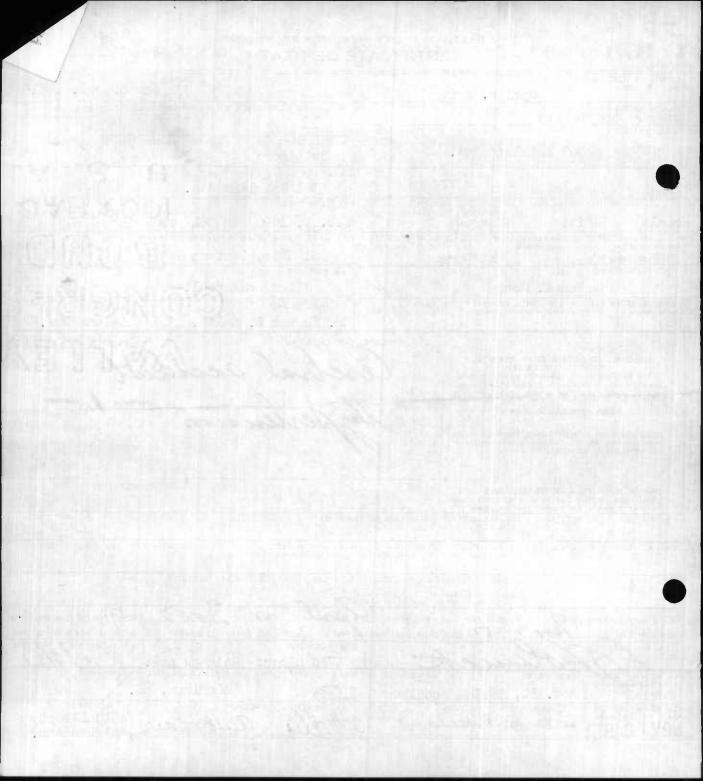
1. NAME OF DECEASED (Type or Print)

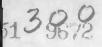
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Opal B. Smith

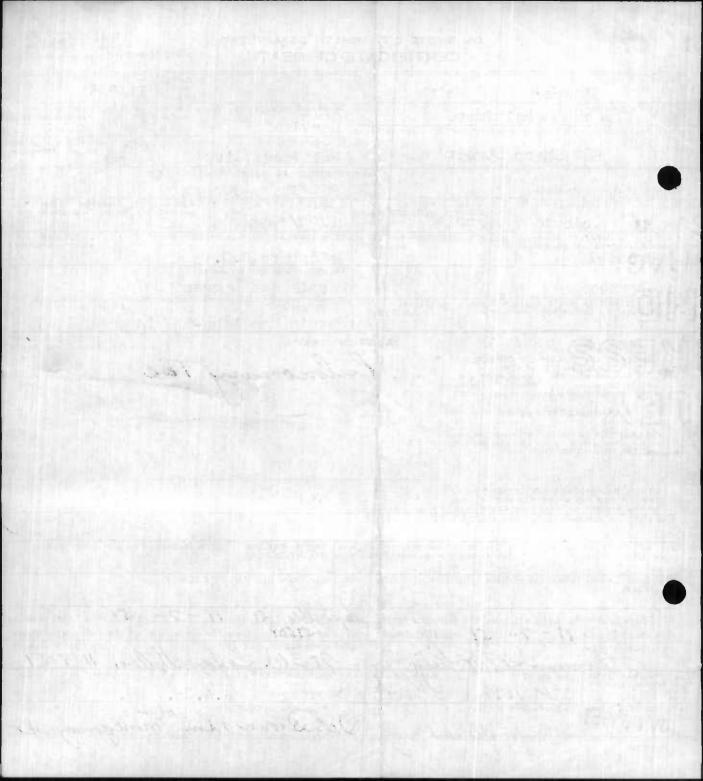
967 Registered No. 2. DATE OF November 8, 1951

	Baltimore (	City, Maryland			A. STATE	B. COU!		on : residence octore admission)	
В.	FULL NAME		al or institution, give st		Maryland			3 77	
	SPITAL OR	1207 V-117	land Area	location)	C. CITY OR TOWN	(If outside corpera	ne limits, wrde l		
		4301 Kath	Land Ave.		Baltimore		0	township)	
			20	Yrs.	. STREET ADDRE	SS (If rural, give locat	tion)		
_	Langth of s	tay in Baltimore	19 yrs	Mos.	/301 Kath	land Ave.			
	SEX	6. COLOR OR RACE	7. SINGLE, MARRI	Days	B. DATE OF BIRTH		eur   H Under 1 Yea	er in Under 24 Hours	
			WIDOWED, DIVO	RCED (Specify)		last birthd	lay) Months Da	ys Hours Min.	
	emale	White	Married		eb. 2, 1890				
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND OF BUS	INESS OR I	1. BIRTHPLACE (S	State or forcign country)		TIZEN OF HAT COUNTRY?	
	House		At Home	IN DOOT KI	Columbus,	Indiana		AT COUNTY	
13	FATHER'S		440 1101110		4. MOTHER'S MA		1		
		Charles A. Mc	2020		Filan M	[cCampbell			
1.0					prien h	coamboerr			
Ye	, no or nnknown)	ED EVER IN U.S. ARMED (If yes, give war or date		URITY NO.	7. INFORMANT		ADDRESS	5	
`	No				r. Thomas L	. Smith, 4301	Kathland	Ave.	
	18. 2.2	1.4			1			ERVAL BETWEEN	
	Car 100	1/2		CAUSE			ONS	SET AND DEATH	
	DISEA	SE OR CONDITION LEADING TO DEA		10	-6. (1	an h	1 1		
	(This does	s not mean the mode of	of dying, c. g., (A	, les	Coax	accide	ent		
	heart failt	are, asthenia, etc. It mea complication which o	ns the disease, caused death.) DUE	TO					
	,		Mary Section 1	11					
		ANTECEDENT CAUS	SES	hle	Deale		A CONTRACT OF		
6	DISEASE	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING							
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE	то //					
Y	UNDERL	YING CONDITION LA	AST.	01					
Ĕ				:)					
F				.,					
H		SIGNIFICANT CONDI							
U		SEASE DR CONDITION	The second secon						
١	19A. DATE C	OF OPERATION 0 1	9B. MAJOR FINDIN	GS OF OPERA	rion			D. AUTOPSY?	
Y							YE		
EDICA	HOMICIDE	ENT. SUICIDE.	21B. PLACE OF II	NJURY (e. g., in c	21c. WHERE D		City, give exac	ct location)	
	HOMICIDE	(Specify)	about nome, in m, incomy,	sercec, omce bidg., eve	INSORT OCCO				
Σ	D. TIME	(Month) (Day) (Year)	(Hour)   21E. INJU	RY OCCURRED	21F. HOW DID	INJURY OCCUR?			
	INJURY	( , , , , , , , , , , , , , , , , , , ,	WHILE AT	NOT WHILE					
			m. WORK	AT WORK	0 - 0	9			
	22. I herch	y certify That I att	ended the deceased	from C	Isel 1948	to Mon	, 19 1 that	I last saw the	
	decensed a	live on May 7	1950 and that	death occurr	dat 4 Pm.	from the causes an			
	23A. SIGN	URE	, 10 F and that		a. ADDRESS	, , , , , , , , , , , , , , , , , , , ,		DATE SINED	
	1	ALMI	make	M. D.	4710 Libert	v Heights Ave		1/9/51	
2	AA BURIAN	CDEMA-  24B. DATE	ZAC NAM		OR CREMATORY		v. town, or coun	ty) (State)	
TI	ON, REMOVA	pecify)						(====,	
	Burial	Nov. 10,		lawn Ceme		Woodlawn,			
	ATE RECEIVE		S SIGNATURE		FUNERAL DIR	ECTOR	ADDR		
de la	MOV 1 O	10 E 1 2 MARIE 2	on Wolliams,	The Think	AFTHIA -	augrs, as	4510 1	iberty	
-	MONIO	1391, 3		77	The same of		Height	s Ave.	
	VS 150		Constitution of the second	/		3	1	30	
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					70		S 1974 S 1975	75 V	





1	96/2		DAL	CEDTIFICATI	C DEATH	Registered N	J. 30.86
BI	IRTH NO.			CERTIFICATI	E OF DEATH	aregistered 1	
	NAME OF DE	Eldora	71	Vhite		OF DEATH 11/	7/51
Α.	PLACE OF DE Baltimore C	ity, Maryland Ba	ltimor	e	4. USUAL RESIDENCE (W		institution: residence before admission)
	FULL NAME O	OF (If not in hospit	al or instituti	ion, give street address or location)	Maryland c. CITY OR TOWN (If	outside cornorate limite	, write RURAE and give
	ISTITUTION	832 Sharp	Stree	et	Baltimore, Cit		township)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		ay in Baltimore		Days	832 Sharp Str		
-	sex Temale	6.COLOR OR RACE	7. SINGLE WIDOW Mari	E. MARRIED, ZED, DIVORCED (Specify) CIEC	8. DATE OF BIRTH 2/22/1930		onths Days Hours Min.
1 C	A. USUAL OCC k done during most of House	CUPATION (Give kind of working life, even if retired) Wife	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Goldsboro, N.C.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S N.				14. MOTHER'S MAIDEN NA	AME	. /
J	ack Barr	nes			Bessie Mae War	ren	
15	. WAS DECEASE	D EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	17. INFORMANT	Al	DDRESS
	a, no or unanowny	(17 300) 8210 Wat 01 0400	or service,	SECURITY NO.	Bessie Mae Lar	ne-937 Lead	enhall.St.
IFICATION	heart failur injury or DISEASES RISE TO TH	LEADING TO DEA not mean the mode one, asthenia, etc. It mea complication which of ANTECEDENT CAUSANTECEDENT CAUSANTECEDENT CAUSANTECEDENT CAUSANTECEDENT CAUSANTECEDENT CAUSANTECEDENT CAUSANTECEDENT CAUSANTECEDENT CAUSANTEC	of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING TH	(B)	elmonar	, , , , , , , , , , , , , , , , , , , ,	
FA	OTHER SI	IGNIFICANT COND	TIONS CO	N •			
CE		TO THE OEATH, BUT SEASE OR CONDITION					
				FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm,factory,street,officebldg.,e		If in Baltimore City, g	give exact location)
Σ	O. TIME (I	Month) (Day) (Year)		WHILE AT NOT WHILE		Y OCCUR?	
	22. I hereby	y certify that I att	ended the		red at S.SOPm., from t		
	23A. SIGNAT		200		38. ADDRESS 1 1	Parett 100	23c. DATE SIGNED
TI	4A. BURIAL CON. REMOVAL (S) Burial	REMA- 24B. DATE pecify) 11/11/	51	24C. NAME OF CEMETE	Cemetery A.	OCATION City, town,	or county) (State)
D	ATE RECEIVED	REGISTRAR	SSIGNATU		25. FUNERAL DIRECTOR	0 1082	ADDRESS



# BALTIMORE CITY HEALTH DEPARTMENT

51 9673

BIRTH NO.	ERTIFICATI	E OF DEATH	Registered	No.
1. NAME OF DECEASED CharLes	PAYN	e	2. DATE OF DEATH	009, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland 1214 E. B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION BALTIMORE EYE  AND Throat 140	, give street address or	A. USUAL RESIDENCE (WA. STATE Md. c. CITY OR TOWN (If Baltimo	B. COUNTY	If institution: residence before admission) mits, write RFRAL and give township)
c. Length of stay in Baltimore	76 Yrs. Mos. Days	o. STREET ADDRESS (If 732 Dol	rural, give location) phin St.	
B Wide	MARRIED. D. DIVORCED (Specify)	Sept. 1,1881	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  LPD - C /  13. FATHER'S NAME	DF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or for Maryland  14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?
WAS himston PayNE		Lavinia And		
(If yes, give war or dates of service)	SECURITY NO.	Mrs. Mary Smi	th 732 Do	lphinSt,
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	(A) Cer	ebral Hemo- terioxclerosis	rehoge	INTERVAL BETWEEN ONSET AND GEATH
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	OUE TO			
Nou 8, 1951  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLAC about home, farm	TINDINGS OF OPER  ATACACT  E OF INJURY (e. g., in n, factory, street, office bldg., e	LEST Eye	f in Baltimore City	20. AUTOPSY? YES NO 20, give exact location)
INJURY	E. INJURY OCCURRE		OCCUR?	
22. I hereby certify that I attended the de deceased alive on No J 9, 1951, and 23A. SIGNATURE D.J. Melle	ad that death occur		he eauses and on	51, that I last saw the the date stated above.  23c. DATE SIGNED  9 Nov 1951
	Auburn	RY OR CREMATORY 24D. L	OCATION (City, tow	
- 100 T 0 1951	ested, Apoll	Mutrances	J. Heusle	
VS 150	9709	9	836	2 578 W. Biddle St

Charles a harden and the part of the second The will be a series and the series March States Why me for both Party A new San Service And Service ALL Y CLASSIC NELL CONTROL OF THE PROPERTY O

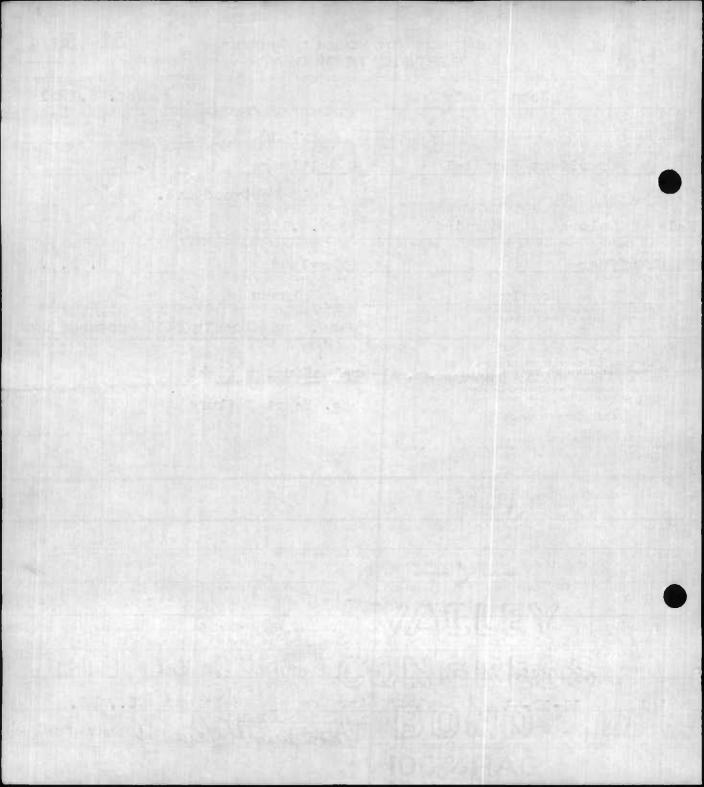
2	40
1	9674
BIRTH	H NO.

## BALTIMORE CITY HEALTH DEPARTMENT

51 9874

110 B

BIRTH NO.	4		CERTIFICATI	E OF DEATH	Registered .	No
1. NAME OF I	DECEASED				2. DATE	
(Type or Print)		n Mose	ly		OF NO	v. 8,1951
3. PLACE OF				4. USUAL RESIDENCE (	Where deceased lived. In	
a. Baitimore B. FULL NAME	City, Maryland	al or institut	ion, give street address or	Maryland	B. COUNTY	before admission)
HOSPITAL OR	. Ci (II novin novpie	01 02 111001000	location)		f outside corporate limi	its, write RUIAL and give
-	Provident 1	Tospit	a.l	Baltimore	12	township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of	stay in Baltimore		Mos. Days	2415 Westwo	od Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH		If Under I Year It Under 24 Hours
Male	Colored	Marr	ied (Specify)	Nov.4,1908	42	onths Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	ffuer		INDUSTRI	Maryland		U. S. A
13. FATHER'S			7	14. MOTHER'S MAIDEN N	AME	
	Mose:	lv		Unknown		
15. WAS DECEAS	SED EVER IN U, S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	/	ADDRESS
zes, no or unanown	(11 yes, give wat or date	5 Of 801 4108)	SECURITY NO.	Mrs. Anna Mos	elv 2415 W	estwood Ave
18. 003	3.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This doe	LEADING TO DEAT	rH f dying, e. g	Pleur	al effusion r	ight	
heart fail	lure, asthenia, ctc. It mea	ns the diseas	e,	***************************************		**************************************
			Co	ng. Heart Fail	bure	
	ANTECEDENT CAUS	ES	(B)			
DISEASE	ES OR CONDITIONS, I	ANY, GIVIN	(B)		***************************************	***************************************
UNDERL	YING CONDITION LA	ST.	IE DUE TO			
<u> </u>			(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	*********
-	11					
TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	.D			
	OF OPERATION OF		FINDINGS OF OPER	ATION		20. AUTOPSY?
1 130. 50. 5	OF OF ERATION 9	SB. MASON	THEMOS OF OPER	ATION		YES NO
21A. ACCI	DENT WAS UNDER-		ACE OF INJURY (e.g., in		If in Baltimore City,	
LYING C	OR CONTRIBUTING	about home, i	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Σ	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F, HOW DID INJUR	Y OCCUR?	
INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK		11 0	
22. I here	by certify that I att	ended the	deceased from Q. 8	1957, to		_, that I last saw the
	ATURE	., 1944,	and that death occur	3B. ADDRESS		the date stated above.
23A. 31GNA	4 Goneth	ducil		Bandont	lossital.	11.0
24A. BURIAL.		1	M. D.   24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
TION, REMOVAL (	(Specify)		Western St		Itimore CD	Ma
Burial DATE RECEIVE	ED BY   REGISTRAR	SSIGNATU	IRE I	25. FUNERAL DIRECTOR		ADDRESS
LOCAL REDIS	1951	tor Will	LANGE ALE	Harly T	Houselle	578 W. Biddle St
110113			**************************************	1 km statuston	Temeny	
VS 150		· ·	683	99		11 n B
			0.01			11010



1500			
51 9675 BIRTH NO.	CERTIFICATE		Registered
1. NAME OF DECEASED (Type or Print) Millon D. Z	abri		2. DATE OF DEATH
a. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	nstitution, give street address or location)		(If outside corporate li

7. SINGLE, MARRIED

larried

WIDOWED, DIVORCED (Specify)

y Housing

16. SOCIAL

SECURITY NO.

10B. KIND OF BUSINESS OR

gth of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

Frederick 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or uoknowo) (If yes, give war or dates of service)

work dooe during most of working life, even if retired)

Carpenter Foreman

13. FATHER'S NAME

ERTIFICATION

U

EDICAL

6. COLOR OR RACE

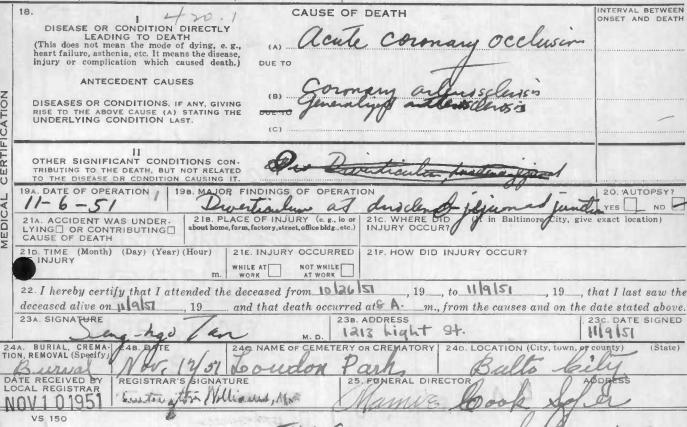
Yrs. Mos.

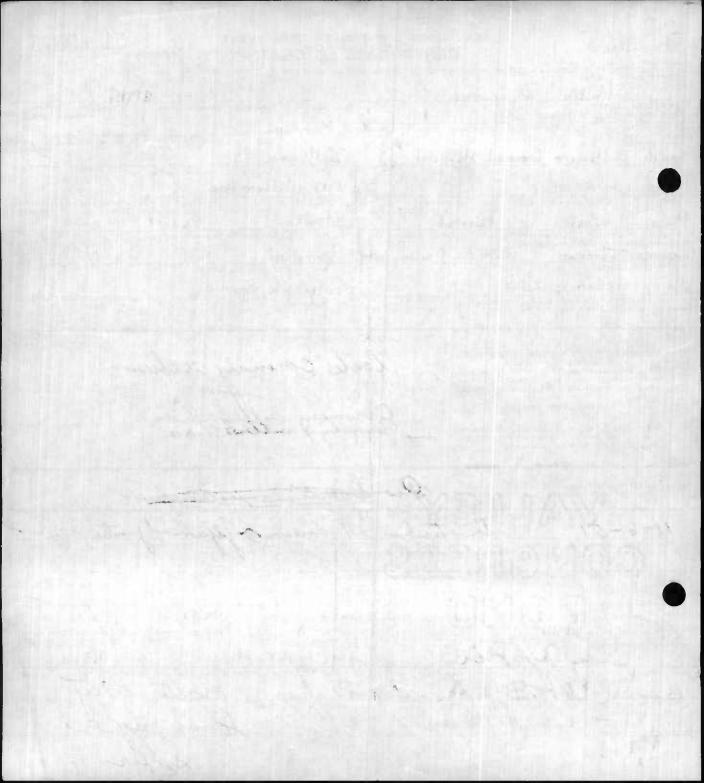
Days

INDUSTRY

	2. DATE OF	10	
	DEATH 1119	M	
4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	f institution before	residence re admission
Maryland	1200	Larmi	
- 11	outside corporate lim	its, write RU	RAL and giv
Saltinore 27			
D. STREET ADDRESS (If )	rural, give location)		
1713 Wilson Ave		230	0
8. DATE OF BIRTH	9. AGE (In years last birthday) N		Hours: Min
5/30/88	63		9 9
11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	EN OF
Maryland		WHA	COUNTRI
14. MOTHER'S MAIDEN NA	ME	(4.1)	
Sally Stermer			
17. INFORMANT		ADDRESS	
F DEATH			AL BETWEE
			AND DEAT
le Coronary	occlusa		
a cournay	occusa		
A			
d	1		
ngeny arters:	sclerisis		
elyps attenta	Moss		
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	ALL LAND		
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vancula pas	lend Statement		
TION .	1 -	20.7	UTOPSY?
desclende 1d	sumed la	YES	ND -
or 21c. WHERE DID	in Baltimore City.	give exact	location)
.) INJURY OCCUR?			
D 21F. HOW DID INJURY	OCCUR?		
7			
6   SI 19 to 11	9 51 19	that 11	ast saw th

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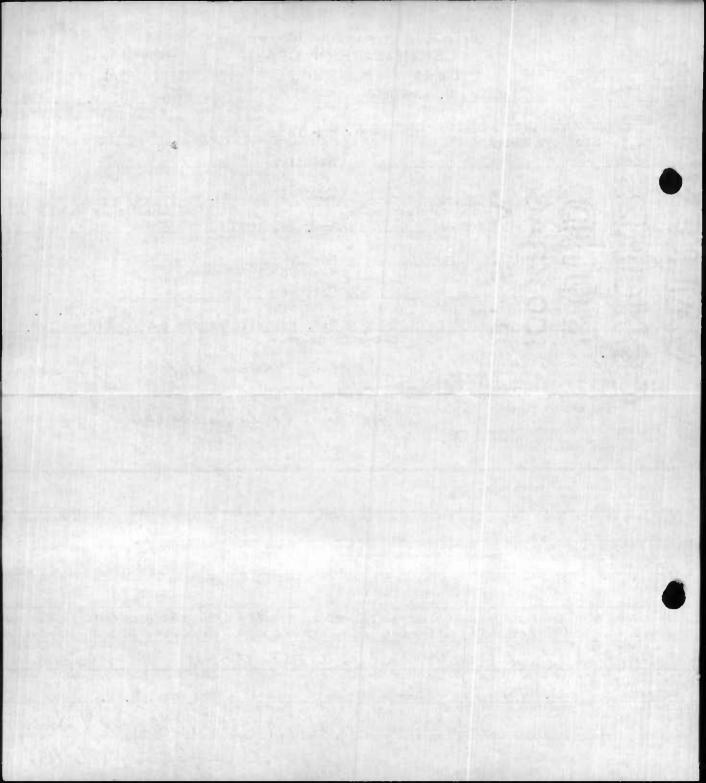


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X	51	9676
	, , , ,	0010

Registered No-

BIRTH NO.						
1. NAME OF DI	ECEASED		Hugo		2. DATE	
(Type of Fint)	V	ICTOR	H. ANDERSON		OF DEATH	Nov. 10, 1951
A. Baltimore C				4. USUAL RESIDENCE (	Where deceased lived. B. COUNTY	
B. FULL NAME		al or institut	ion, give street address or	New York	B. CODINIT	before admission)
HOSPITAL OR	Stafford Ho		location)		f outside corporate lim	nits, write RURAL and give
Marrionon						township)
			Yrs.	Brooklyn D. STREET ADDRESS (II	f rural, give location)	
c north of st	tay in Baltimore		Mos.			
5. SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	7200 Ridge Blvd	9. AGE (In years)	It Under 1 Year   If Under 24 Hours
		WIDOW	ED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
male I	White CUPATION (Give kind of	marr	ied	Anr. 17 1898 11. BIRTHPLACE (State or 1	53	140 61717511 65
work dooe during most o	( working life, even if retired)	IOB, KINL	INDUSTRY	11. BIRTHPLACE (State of )	toreign country)	12. CITIZEN OF WHAT COUNTRY
	urveyor (sel	f) Su	rveying	Norway		
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME	
_ A	nderson			Unknown		
15. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	Broo	MAGNESSN. Y.
no	( 30-) 8-10 Hall of allo	,	SECURITY NO.	Mrs', Borghild A		
18. 11 0	A .		CALISE	OF DEATH	MUCT3011-1200	INTERVAL BETWEEN
400	E OR CONDITION	DIDECTIV	OAGSE	OI BEATH		ONSET AND DEATH
	LEADING TO DEAT	TH	Cm	on usi dellusion	Mar. Ar	30 11110
heart failui	not mean the mode ore, asthenia, etc. It mea	ins the diseas	e,		, aruer	20.0000
injury or	complication which	caused death				
	ANTECEDENT CAUS	SES	1/1	tengie Cardis-Va	. 1. A.	
O DISEASES	OR CONDITIONS, I	E ANY CIVIS	(B) Ity ple	cener caracis-04	scular vesse	w 40 900
RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			0
V UNDERLY	ING CONDITION LA	151.	(C)			
L -						
OTHER S	II IGNIFICANT CONDI	ITIONS CON	1-			
	TO THE DEATH, BUT SEASE OR CONDITION					
			FINDINGS OF OPER	ATION		20. AUTOPSY?
Z Z						YES NO
Z IA. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g., is		If in Baltimore City	, give exact location)
LYING OF	CONTRIBUTING	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
≥	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
F INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK			
22. I hereby	y certify that I att	tended thc	deceased from NOV	ember , 19\$8, to 1	Yourmber 10, 19-	57, that I last saw the
deceased al	ive on Nosember	0, 1951.	and that death occur	red at 3:20 A. m., from	the causes and on	the date stated above
23A. SIGNAT	URE A CA	000	2	3B. ADDRESS	C	23c. DATE SIGNED
	laux tawan	& Da	/ M. D.	4-2-33rd SI	-18	Morenke 10,175)
24A. BURIAL, C	REMA- 24B. DATE	d	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
Rempval	11/10/9	51	No. No.		New York, N.	Y
DATE RECEIVED	BY REGISTRAR	S SIGNATL	IRE	25. FUNERAL DIRECTOR	0/: /	ADDRESS
VOV 1 1 10E		Total	Yellianes Mr.	Won. X	J. M. Mene	er + smo
VS 150	)	(4)		W/////		0001
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BIRTH NO

1. NAME OF DECEASED (Type or Print) WILLIAM I. WALTERS

	CAGE !
Registered	No
2. DATE OF DEATH NOV. Where deceased lived, I. B. COUNTY	9, 1951 f institution: residence before admission)
f outside corporate limi	ts, write RURAL and give township)
f rural, give location)	
ayette Street	
9. AGE (In years last birthday) M	If Under 1 Year on the Days Hours Min.
foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
NAME	
Э	
	ADDRESS
N TT TT 10	313

3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)  Maryland
B. FULL NAME OF Aff not in hospital or institution, give street address HOSPITAL OR US Public Health Service location INSTITUTION  Worm Pk. Drive & 31st St.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
c. Length of stay in Baltimore ? Yrs.	2026 W. Fayette Street"
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Married)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  Salesman  Plumbing Supplies	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harry I. Walters	14. MOTHER'S MAIDEN NAME Ida B. Pierce
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no or unknown) (If yes, give war or dates of service) 3ECURITY NO. 213-01-2274	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	rebral hemorrhage 3 days  pertensive cardiovascular disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OP	ERATION 20. AUTOPSYT
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bld	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUPINJURY  m. WHILE AT NOT WHILE AT AT WORK AT WORK	LE [ ]
22. I hereby certify that I attended the deceased from No deceased alive on Nov. 9, 1951, and that death occ 23A, SIGNATURE RAMEY, Surgeon M.D.	v. 6 ,1951, to Nov. 9 ,1951, that I last saw the curred at 5:45P m., from the causes and on the date stated above.  238. ADDRESS   23c. DATE SIGNED   US PHS HOSPITAL, Balto, Md.   11/10/51
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEME TION, REMOVAL (Specify) 11/13/51 New Cathe DATE RECEIVED BY REGISTRAR'S SIGNATURE.	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
LOCAL REGISTRAR	

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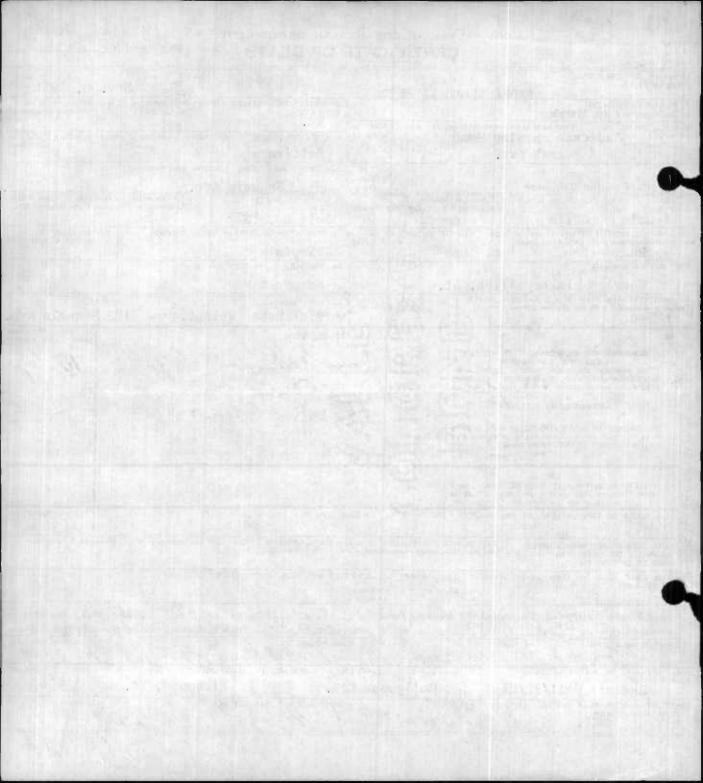
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ALTIMORE CITY HEALTH DEPARTMENT	. ).£	2/4
CERTIFICATE OF DEATH	Registered No	
CERTIFICATE OF BEATTI		

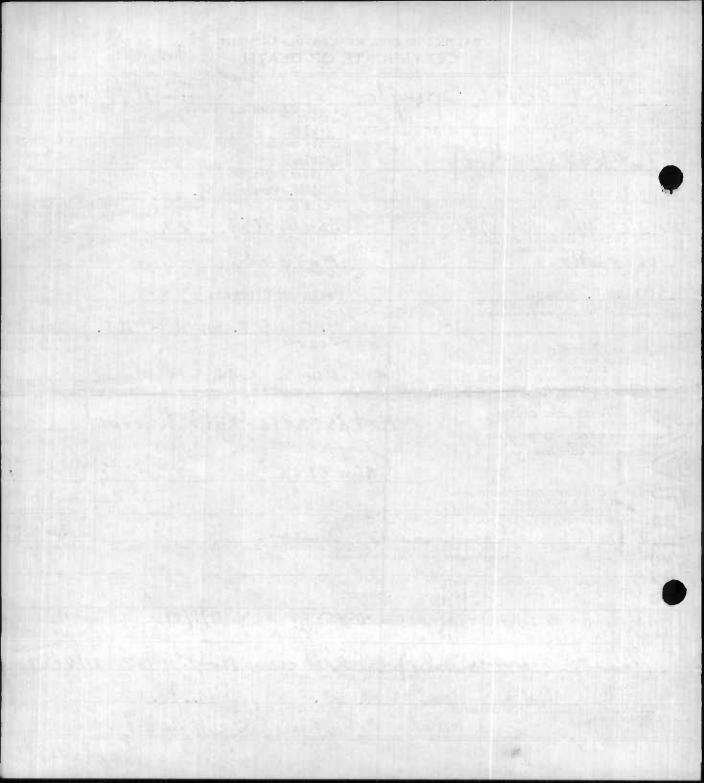
SIRTH NO.				
. NAME OF DECEASED Type or Print)			2. DATE OF No.	0 1051
MABEL	ALLEN VALENTINE		DEATH NOV	8, 1951
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE Md.	here deceased lived. If ins	stitution : residence before admission)
FULL NAME OF (If not in hospital or	Homo location)		outside corporate limits,	write RURAL and give
OSPITAL ORAnderson Nursing 3604 Mohawk Ave.	Home	Baltimore	100-1	township)
3004 Mondwk Ave.	Yrs.	D. STREET ADDRESS (If	rural give location)	1
	Mos.			
gth of stay in Baltimore	Days	3132 Sequoia A		
	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		det l Year   Il Undet 24 Hours hs: Days   Hours   Min.
female   white	widowed	July 28, 1872	79	
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	2. CITIZEN OF WHAT COUNTRY?
	t home	Virginia		WIAT GOOM
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Charles Pinkney All	en, Sr.	Margaret Wood		
15. WAS DECEASED EVER IN U. S. ARMED FOR (es, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
no	no	Miss Mabel Val	entine - 3132	Sequoia Ave.
18. 221	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE				ONSET AND DEATH
LEADING TO DEATH	110	remal hem	mhan!	10 das
(This does not mean the mode of dy heart failure, asthenia, etc. It means th	e disease,			7
injury or complication which cause	d death.) DUE TO	1 - 0		
ANTECEDENT CAUSES	100	Vi. 3 Solin	10-5	
DISEASES OF COMPITIONS IS AN	(B)	Jun 5000	70,000 -	
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE				
UNDERLYING CONDITION LAST.	(C)		***************************************	
OTHER SIGNIFICANT CONDITION	NS CON.			
TRIBUTING TO THE GEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED			
19A. DATE OF OPERATION 0 19B.		ATION		20. AUTOPSY?
				YES NO
	18. PLACE OF INJURY (e. g., in		f in Baltimore City, giv	e exact location)
LYING OR CONTRIBUTING Abo	ut home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hor	ur) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INSORT	m. WORK NOT WHILE			
22. I hereby certify that I attend	1/0	-30 - 1957, to /	1-8-, 1957,	that I last saw th
deceased alive on //- 3-, 19	57. and that death occur	rred at 12.3 pm., from t	he causes and on the	date stated above
23A. SIGNATURE	1/00 / 2	38. ADDRESS	- 1/9///	23C. DATE SIGNED
Howard H. 10	WWW M.D.		usmille	11-9-57,
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		OCATION (City, town, or	r county) (State)
Removal   11/12/51	Hollywood C	em. R1	chmond, Va.	, /
DATE RECEIVED BY REGISTRAR'S SI	GNATURE	25 FUNERAL DIRECTOR	Tiela	PORESS
NOV 1 11951	for / michia, mix	1/W/1.7.	remen	1 xus
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## BALTIMORE CITY HEALTH DEPARTMENT

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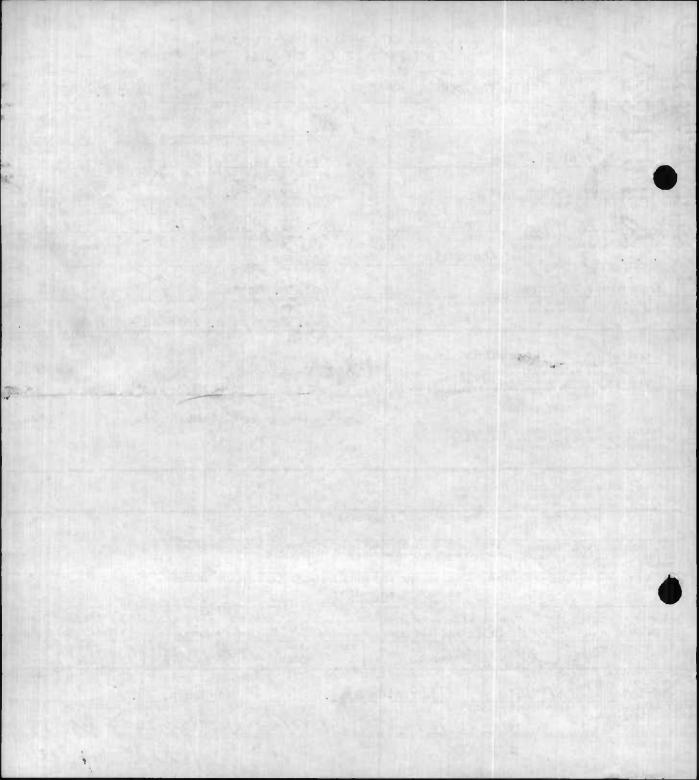
BIRTH NO.	E OF DEATH Registered No.
1 NAME OF DECEASED	2. DATE
(Type or Print) Mrs Edith C. Spenaler	OF 1 19/51
S. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived If institution: residence B. COUNTY before admission)
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
- Luther AN Hosh	Baltimore 2-0/
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  Mos. Days	2031 E. Lombard St.
5. SEX . 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (1n years if Under 1 Year if Under 24 Hours last birthday) Months: Days IIours Min.
FEMALE U/ WILLOW	JAN 6. 1879 72
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired) INDUSTRY	MAYUANO
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Keenan	Marianna Clements
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Mr. Charles M. Spangler-2031 E. Lombard St.
1 1 2 m 0	INVENTAL PETITERI
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	inoma Cecum
heart failure, asthenia, etc. It means the disease,	/// O/A/A CCCOCA
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Astasis Right Adrewal
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	RS AS 19 NIGHT REITENAL
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OL CAC	hexin
L (c) C # C	4.6.2.10
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  about home, farm, factory, street, office bldg.	in or   21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg.	
¥	EED 21F. HOW DID INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 10.	15-51, 19 , to 11/9/51 , 19 , that I last saw the
deceased alive on 1/1/4/5, 19, and that death occur	rred at M. m., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE/SIGNED
Harriel Kaurence Dely M.D.	RY OR CREMATORY 240, LOCATION (City, town, or county) (State)
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	
Burial   11/13/51   New Cathedral	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR
NOV 1 1951 mustic after Milliand Mobile	Vm. Y. Vienner & Sas
VS 150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	46 E Balto Mdo



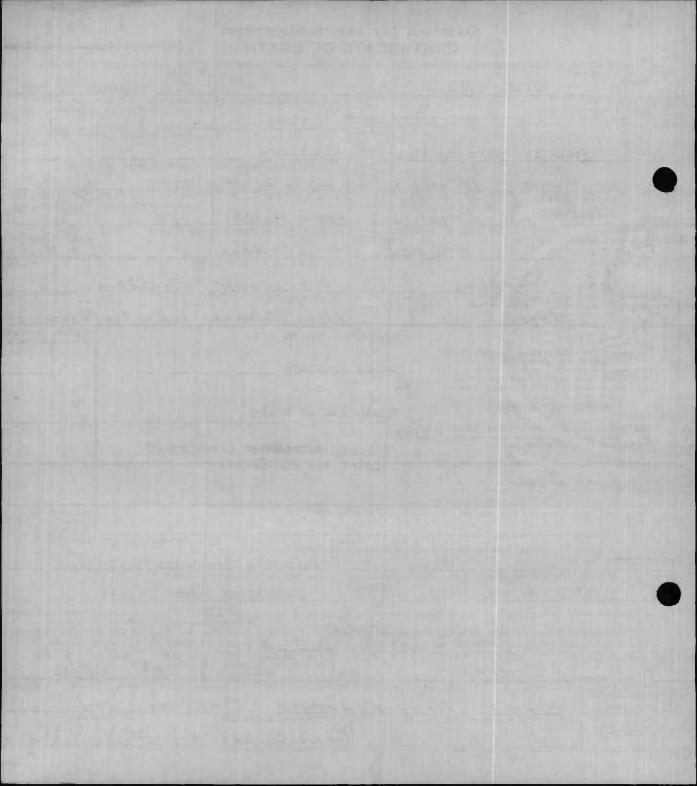
BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) WILLIAM ALBERT JOHNSON Nov. 8, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 7 Harvest Rd. Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore 7 Harvest Rd Days 5. SEX 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH H Under 1 Year last birthday) Months; Days Hours; Min. male white married Jan. 20, 1886 65 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? C.P.A. Accounting Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Greenleaf Johnson Anna E. Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Harriet B. Johnson - 7 Harvest Rd. 1B. 420.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 6 delle (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO Orteros devotic head desease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1946 to Nov 7, 195 that I last saw the 22. I hereby certify that I attended the deceased from\_ Nov 7, 19 1, and that death occurred at 8.45 Pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 11017 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 11/12/51 Woodlawn, Md. Lorraine Maus. 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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CERTIFICATION



J46		CERTIFICATI	E OF DEATH	Registered I	10
I. NAME OF DECEASE	D			2. DATE	
(Type or Print)	ROBERT STU	HLER		DEATH NOVE	mber 8, 1951
B. PLACE OF DEATH:  A. Baltimore City, Management	aryland		4. USUAL RESIDENCE (	Where deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (I	f not in hospital or institu	tion, give street address or location)	Maryland		
HOSPITAL OR	121		C. CITT OIL TOWN	f outside corporate limit	ts, write RURAL and give township)
Fr	anklin Square	Hospital Yrs.	Baltimore D. STREET ADDRESS (I	f rural give location)	7
c. Oth of stay in 1	Raltimora 4.4	Mos.	105 S. Catheri		*
	OR OR RACE   7. SINGL	E.MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours
Male Whi	+	VED, DIVORCED (Specify)	April 17, 1881	last birthday) Mo	onths Days Hours Min.
10A. USUAL OCCUPATION kone during most of working l	ON (Give kind of 10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
TINNER		ETIRED	GERMANI	,	U.S. A.
13. FATHER'S NAME	0111		14. MOTHER'S MAIDEN	NAME	
Nohn	STUPLE	R	KATHERING	= HochRE	in
15. WAS DECEASED EVER Yes, oo or unknowo) (If yes	IN U.S. ARMED FORCES? , give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
No	NONE	?	MARY StuhLE	R 105-5.0	ATHERINE ST.
18. E8/2. 1	7	CAUSE	OF DEATH		ONSET AND DEATH
	CONDITION DIRECTLY				
(This does not me	an the mode of dying, e. nia, etc. It means the disea	g., (A) Skull	fracture	***************************************	***************************************
	ation which caused deat				
ANTEC	EDENT CAUSES	Contus	ion of brain		
DISEASES OR CO	NDITIONS, IF ANY, GIVE	(B)	OTOH OI DIATH	***************************************	***************************************
	VE CAUSE (A) STATING T	HE DUE TO			
(			ind comminuted fr		
	11		tibia and fibale		
TRIBUTING TO THE	CANT CONDITIONS CO E DEATH, BUT NOT RELAT	ED			
19A. DATE OF OPER	CATION 198 MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1	100,				YES NO
21A. EXTERNAL CAL		ACE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
UNDERLYING OF		street		reet and Prat	t. Street.
21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURR			20/4
11/8/	51 5:45 P.m.	WHILE AT NOT WHILE	x pedestrian	struck by au	to
22. I certify that	I took charge of the	remains described of		opsy	_ thereon and from
the evidence of	obtained by said Aut	onsu. Inspection or l	'nquiry, find that said	Inspection or Inquiry deceased died on th	re day stated above,
and death in	my opinion resulted	from: natural causes	3 [], aceident X, suieid	e 🔲, homicide 🔲, r	indetermined .
23A. SIGNATURE	11/201	LE 1 .C. TU	23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER Z	BC. DATE SIGNED
24A. BURIAL, CREMA-	24B. DATE		.D.   MEDICAL INVESTIGA RY OR CREMATORY   24b.	TOR	or county) (State)
TION, REMOVAL (Specify)					M 1
DATE RECEIVED BY	REGISTRAR'S SIGNATI	JRE JRE	25. FUNERAL DIRECTOR	ALTINORE	ADDRESS
LOCAL REGISTRAR	South Jos W	llians de	Geo. L. Schwab	210. 10	Janiek 1
V S 151		10.6.9.0.1	Ceo. L. Jehwh b	alol ME	CERICA HUE
N8 151 N80	3.2	No. of Street, or other Persons and Person			17:00
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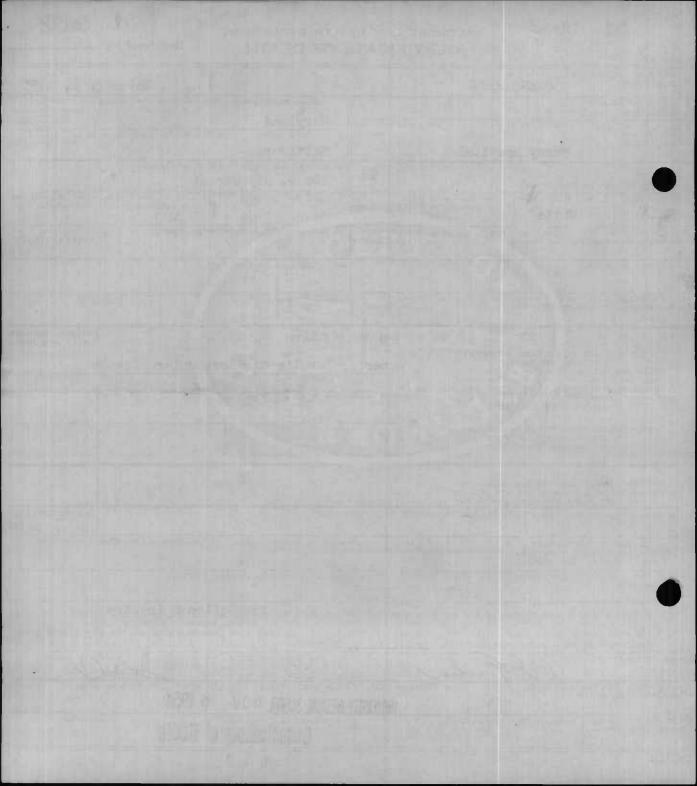


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH November 2, 1951 JOHN RTHN 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3 PLACE OF DEATH: A. STATE B COUNTY hefore admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B FULL NAME OF location) HOSPITAL OR C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin Mercy Hospital Raltinore D. STREET ADDRESS (If rural, give location) Yrs. Mas 160 N. Gav Street th of stay in Baltimore Davs 8. DATE OF BIRTH If Under 24 Hoors 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White 70 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPI ACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 218. PLACE OF INJURY (c. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \). homicide \( \subseteq \), undetermined \( \subseteq \). 23c. DATE SIGNED 23A, SIGNATURE 238. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR

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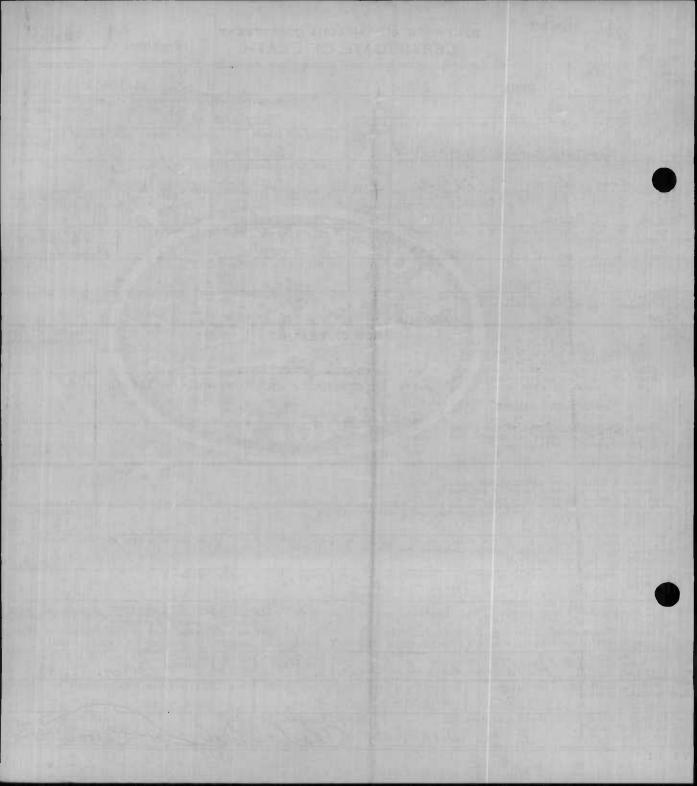


BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3033

-						
	NAME OF D ype or Print)		RENA	JONES		2. DATE OF DEATH 11-10-51
3.	PLACE OF D		RISINA	001110	11 4	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
_		City, Maryland	assital on institut	in aire street add	-11	A. STATE B. COUNTY before admission) Maryland
H	FULL NAME OSPITAL OR	OF (II not in no	ospital or institut	ion, give street address o location	\ 1	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
IN	STITUTION	Maryland G	eneral Ho	cnital		Baltimore //- 0 4/ township)
		Mary Land G	eneral no	Yrs.		D. STREET ADDRESS (If rural, give location)
c.	eth of s	tay in Baltimor		yus. Mos.	3	1229 McCullowth Street
5.	SEX	6. COLOR OR RA		E. MARRIED, VED, DIVORCED (Specif		8. DATE OF BIRTH  9. AGE (in years last birthday)  Months: Days Hours Min.
	emale	COlored CUPATION (Givek	MAL	OF BUSINESS OR		11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	done during most	of working life, even if re		INDUSTR		11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
10	Housev		Don	restic		SIDNERTON, S. C. N. J. C.
13	. FATHER'S				1	14. MOTHER'S MAIDEN NAME
1.0		pert Oli				Daisy Regan
(Ye	no or unknown)	ED EVER IN U.S. A (If yes, give war or	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	1	17. INFORMANT ADDRESS
	200	no		nine	F	Thomas Jones (H) 1888 McCulloh ST.
	(This does	SE OR CONDITI LEADING TO s not mean the m are, asthonia, etc. It complication whi	DEATH ode of dying, e. t means the disea ich caused deat	z., (A)Çer.o	bra	censive cardiovascular disease
RTIFICATION	OTHER S	S OR CONDITION THE ABOVE CAUSE VING CONDITION THE STORT CONTROLL TO THE DEATH,	(A) STATING T N LAST. ONDITIONS CO	(C)		
CE		ISEASE OR CONDI			DAT	TION.
	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPE	RAI	TION 20. AUTOPSY?
EDICA	UNDERLYIN	NAL CAUSE WAS G OR CONTE CAUSE OF DEA	RIB. about home,	ACE OF INJURY (e.g., farm, factory, street, office bldg		
Σ	21d. TIME INJURY	(Month) (Day) (Y	Year) (Hour)   m.	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	D 21F. HOW DID INJURY OCCUR?
	the evi	idence obtained ath in my opin	by said Aut	opsy, Inspection or	Inq	ove, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry that said deceased died on the day stated above, X accident , suicide , homicide , undetermined .
	Sta	ulen H	. Dun	lachen	M.D.	238. CHIEF MEDICAL EXAMINER
22	A. BURIAL. (S	CREMA- 24B. DA	TE			Y OR CREMATORY 24D. LOCATION (City, town, or county) (State)
110	Burial		13/51	Liberty H:	ill	1 Cem. Summerton, S.C.
	ATE RECEIVE	D BY   REGISTE	RAR'S SIGNATU		2!	25. FUNERAL DIRECTOR ADDRESS
	NOVII	951	the olor 14	MMENSAILA	1	raccost corper 312 Cambellares
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) November 10,1951 REGINA GLASSMAN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2843 W Garrison Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2843 W Garrison Ave c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years last birthday) Months Days Hours Min. 8. DATE OF BIRTH 6. COLOR OR RACE Female White July 24, 1912 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done doring most of working life, even if retired HOUSE WIIE INDUSTRY WHAT COUNTRY? Baltimore Md U.S.A. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Wittgenstein Sigmund Ochs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. Harry Glassman 2843 W Garrison Ave INTERVAL BETWEEN CAUSE OF DEATH 60 X ONSET AND DEATH Carcinona j Nose DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK Oct 1, 1949, to 10 10, 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_\_ deceased alive on 710. 10 1951, and that death occurred at 7 Pm., from the causes and on the date stated above. 23A. SIGNATURE 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Hebrew Friendship Cemetery Baltimore Md Nov 11,1951 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR evenson + Bus and to a plose I White was the

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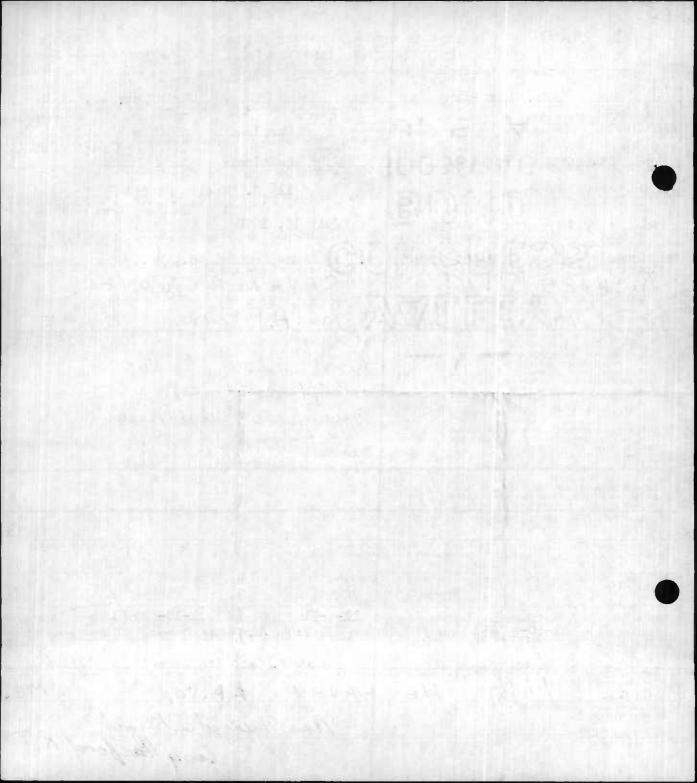
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Thomas Lein

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	F OF DEATH Registered No
BIRTH NO.	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Mr. John Blunt	DEATH NOV. 10, 1951
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
St. Joseph's Hospital	Baltimore  D. STREET ADDRESS (If rural, give location)
Mos. Days	118 S. Madeira Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years     Under 1 Year   II Under 24 Hours
Male White Married	July 16, 1890   61
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY:
Pensioned Balto. Transit Co.	Anne Arundel Co., Md.
13. FATHER'S NAME	
MICHARD ISKUNI	CAVELLA TURNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No No More	MUSH, SIVNT SAME
18. 331X . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	bral Vascular Recident
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	(Left Parietul area)
ANTECEDENT CAUSES	
(B)	Luszelinte Cerebrel Vanuler Disland Mulyel atteriosebusia
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Alsland .
UNDERLYING CONDITION LAST.	nuel usul arterioselveno
,,	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO X
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	io or 21C. WHERE DID (If in Baltimore City, give exact location)
21p. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
MILE AT NOT WHILE AT WORK AT WORK	
	1-5-51 , 19 , to 11-10- , 1951, that I last saw the
	rred at 7:45A M. from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
le. P. lottan & M.D.	1100 N. Caroline Street 11/10/51
24A. BURIAL, CREMA 244 DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 11/14/51 Glen HA	AVEN AA. Co. Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR
OCAL REGISTRAR	Mrs Mudred I Blight
NUV 1501 1957	I I I I R
	00 600 9 Harford
	8307



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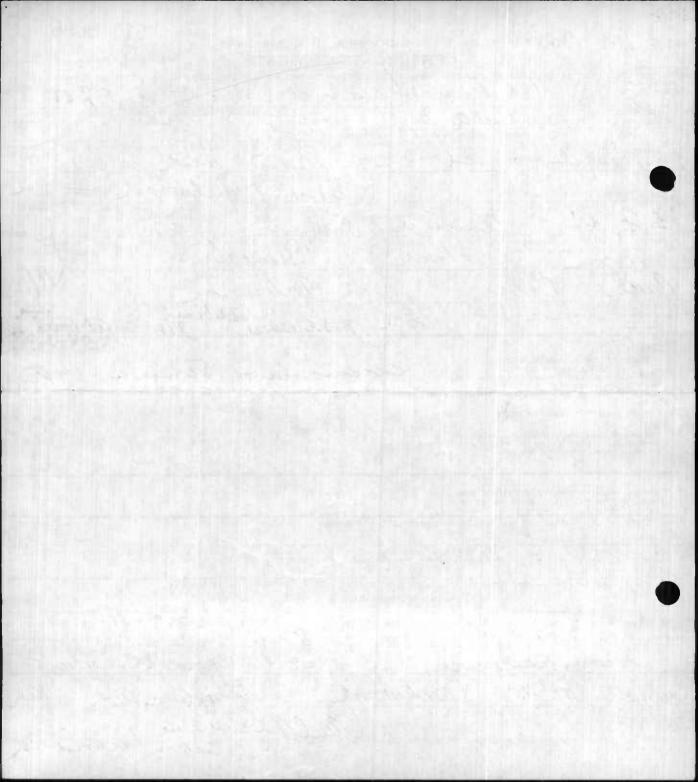
ADDRESS

BIRTH NO. CERTIFICATE OF DEATH Registered	No.
1. NAME OF DECEASED Carolina Teinbach 2. DATE OF DEATH LUC	19.51
3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto Ma 4. USUAL RESIDENCE (Where deceased lived, I a. STAFF, B. COUNTY	f institution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TO SELECT OR TOWN (If putside corporate lim Natural Parks)  C. CITY OR TOWN (If putside corporate lim Natural Parks)	its, write RURAL and give
c. Length of stay in Baltimore  Yrs.  Mos. Days  D. STREET ADDRISS (If rural give location)	Pet ave
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years)	if Under   Year   If Under 24 Hours   Min.
10A. USUAL OCCUPATION (Givekind of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  INDU	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S MAME CIVES 14. MOTHER'S MAIDEN NAME LUCIONEM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, nn nr unknown) (If yee, give war nr dates of service) (Security No. 17. INFORMANT Hildsbrand 27)	address of
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A)  LEXCENSIVE OF DEATH  OUT TO	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in nr ly long) 21c. WHERE DID (If in Baltimore City, lying) 10ccur?	give exact location)
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  MHILE AT   NOT WHILE   AT WORK   AT WORK	
22. I hereby certify that I attended the deceased from 2000, 1949, to 200. 4, 195 deceased alive on 200. 9, 195 L. and that death occurred at 8 m., from the causes and on the causes are considered.	1, that I last saw th
Scorge Durry M.D. 4808 Harford Re.	23c. DATE SIGNED
245. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town	n, or county) (State)

25 FUNERAL DIRECTOR

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Elizabeth M. Lana   2. DATE OF DEATH Nov 4th 1451
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. Baltimore City, Maryland 1230 W Elevrod Cive A. STATE s. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore The Days 1230 N. Eliver Core 5. SEX 6. COLOR OR RACE 7. STOCKE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours
Female White Widow Specify Lent 25 1885 66 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of order of foreign country) 10B. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY WHAT COUNTRY
13. FATHER'S NAME O
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yee, no or nnknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) AULUSO OF DEATH  CAUSE OF DEATH  Coronaux Thrombous — State of State o
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in or INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK
22. I hereby certify that I attended the deceased from June 1 1957, to War 9, 1950, that I last saw the deceased alive on War 4, 1957, and that death occurred at 10 m., from the causes and on the date stated above
Lowe of Securities M.D. 722 KB. Coursed WE 23c. DATE SIGNED
24A. BÜRIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burel Nov 137951 Balto National Fredrick Road
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADDRESS  LOCAL REGISTRAR  LOCAL REGI

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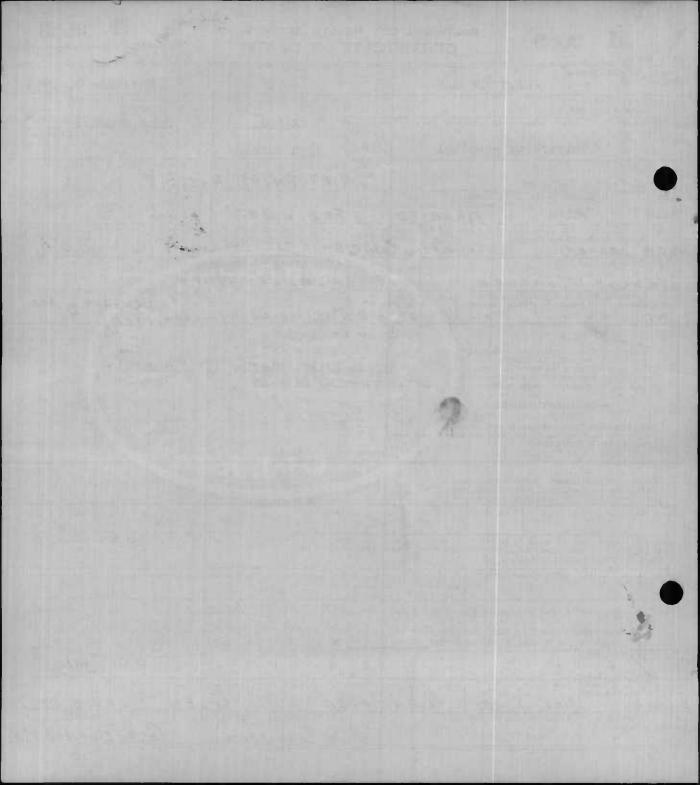
51 9539 Registered No.

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ALTON DURNER DEATH November 9, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Anne Arundel HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and vive University Hospital Glen Burnie D. STREET ADDRESS (If rural, give location) Yrs. Mos THIRD AVE: S. E. rth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If Under I Year I H Under 24 Hours last birthday) Months Days Hours Min. H Under 24 Hours WIDOWED, DIVORCED (Specify) Male White MARRIED FEB. 41887 64 II. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF IOA. USUAL OCCUPATION (Givekindof) INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY U.S. INDUSTRIAL CHER CLANNE ARUNDEL LOUNTY MD W. S. A. DRUM LLEANER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WADE. JEORGE M. DURNER LAURA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO -03-6151 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive arteriosclerotic cardio-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, vascular disease injury or complication which caused death.) ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home farm factory street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIBā UTING [ CAUSE OF DEATH. 2 D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes XI, accident [ , suicide [ , homicide [ ] undetermined [ ] . 23A. FIGNATURE 23B. CHIEF MEDICAL EXAMINER ... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248 DATE GLEN HAVEN BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR GLEN BURNIE, MD. T. W. SINGLETON

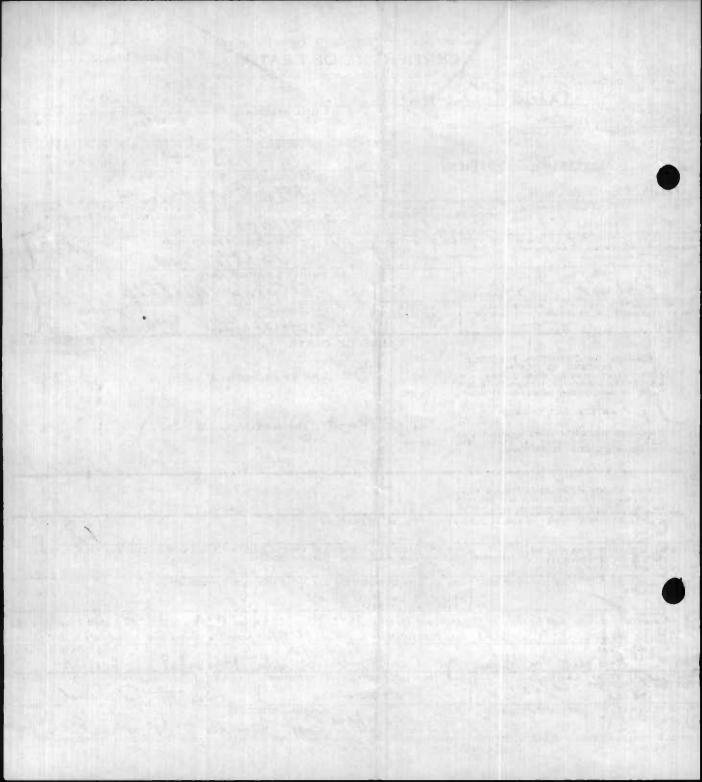
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ВІ	RTH NO. 5	1-03820		CERTIFICATI	E OF DEATH	Registe	ered No
Τ.	NAME OF D ype or Print)		Anny	arkins		2. DATE OF DEATH	11-9-51
Α.		EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased li	ved. If institution : residence
H	SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN		te limits, write RURAL and give
		university	140261		- CTREET ADDRESS	/ Salto	- O downship
C.	Length of s	tay in Baltimore		Yrs. Mos. Days		(If rural, give location of l	s J.
	SEX	6. COLOR OR RACE	WOON	, MARRIED, ZED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In ye	y) Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S I	last Lar	Kins	7		NAME	2'a V
15 (Ye	WAS DECEASING NO OF UNKNOWN	ED EVER IN U, S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Alexena Xab		and J.
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY	LEADING TO DEA' not mean the mode of the astendard which complication will be above cause (A) ying condition Lawrence will be above cause (A) ying condition Lawrence will be above cause (A) ying condition to the death, but its asset of condition will be a second	FH f dying, e. g f dying, e. g sthe disease aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) (B) (C) (C)	oneho pneumo art Sailune		interval between onset and death
				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	LYING O	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e. 21E. INJURY OCCURR WHILE AT ORK AT WORK	tc.) INJURY OCCUR?		YES NO City, give exact location)
			ended the	deceased from land that death occur	1 - 7 , 1951, to.  red at 12:00 m., from 3B. ADDRESS		1954, that I last saw the lon the date stated above
	N. BURIAL,	(Decity) ///19	51	NAME OF CEMETE		D. LOCATION (City	town, or county) (State)
	TE RECEIVE	D BY   REGISTRAR	SSIGNATU		25. FUNERAL DIRECTO	1217 St	Paul J.
	VS 150	Solery.	6	day of the little			107



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

-	- Cha	
Registered	No	

BIRTH NO.						
1. NAME OF D (Type or Print)	Char:	les Hen	ry Wilson		2. DATE OF DEATH NOVE	ember 9, 1951
	City, Maryland	1		4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution: residence before admission)
HOSPITAL OR			on, give street address or location)		f outside cornorate limit	ts, write RURAL and give
NSTITUTION Colonial Nursing Home				Toutside corporate ininit	township)	
	4506 Sorre	nto Roa	Yrs.	Baltimore  D. STREET ADDRESS (If	7-6	0
c. Length of s	tay in Baltimore		Mos. Days	2007 0 1 11100	Aveme	
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)			Under I Year   If Under 24 Hours on the Days Hours Min.
male	white	Wid	owed	June 23, 1865	86	on the Days Hours Min.
ork done during most o	CUPATION (Give kind of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
Ret. R. R.	Engineer	Penna	. R. R.	Harford County	, Maryland	WIIAT COOKTICE
13. FATHER'S N	NAME			14. MOTHER'S MAIDEN N	IAME	ZORUMINI
	lliam H. Wils			Matilda J. Cu	llison	
(ee, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no			none	Mrs. Nellye V. W	ich, 834 Wood	lington Road
(This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE D	EE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) //ING CONDITION LA	TH f dying, e. g ns the disease aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT	G (B)	Spetimon Services	inboris E	1/2 hour year year
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City,	
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY		m.	WORK NOT WHILE			
22. I hereb deceased al 23A. SIGNAT	live on 11-6	ended the	and that death occur	red at 1/1 m., from to 138. ADDRESS 6.0	the causes and on the	23c. DATE SIGNED
1	CREMA- 24B. DATE	on h-	Xloruz M. D.	3025 Pyclay RY OR CREMATORY 24D. L	OCATION (City town	//- 9 - 5/ or county) (State)
TION REMOVAL (S	11/12/5	51	Parkwood Cen	netery Pa	arkville,	Maryland
DATE RECEIVE	D BY   REGISTRAR"	SSIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
NOVII	1951 + 12	iter N	Migself, Mari	Wm. Cooke, Inc.	1217 St. F	Paul Street

Street of the st 

# CERTIFICATE OF DEATH Registered No.

51	9692

BIRTH NO.						
NAME OF DE		Tomos	McLain		2. DATE OF	d 3073
B. PLACE OF DE A. Baltimore C	ATH: ity, Maryland			4. USUAL RESIDENCE (W		ember 8, 1951 f institution: residence before admission)
I. FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION  803 East 33rd Street						
Length of st	ay in Baltimore		Yrs. Mos. Days	803 East 33rd		
male	6.COLOR OR RACE White	wind	E, MARRIED, FED. DLVORCED (Specify) OWEQ	June 13, 1861	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours on the Days Hours Min.
Ret. Mech			of Business or Industry Electric Co.	Baltimore, Mary		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	Levin McLai:	n		Mary Duhammel	AME	
5. WAS DECEASED	D EVER IN U. S. ARMEL (If yee, give war or date	FORCES? of service)	16, SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Elizabeth McLain,		ADDRESS 3rd Street
(This does heart failur injury or a DISEASES RISE TO TH	E OR CONDITION LEADING TO DEAT not mean the mode of, asthonia, etc. If mea complication which of ANTECEDENT CAUS OR CONDITIONS, II ABOVE CAUSE (A) NG CONDITION LA	FH  If dying, e. g  ns the diseas  aused death  SES  F ANY, GIVIN  STATING TH	e, .) DUE TO (8) And	bro-Vascular Acci Erioscleposis nility	dont	WE OF
TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D	<b>V</b>		
19a. DATE OF	OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING OR CAUSE OF D	ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year)	(Hour)	CE OF INJURY (e.g., i erm, factory, etreet, office bldg., .)  2 IE. INJURY OCCURR WHILE AT ORK WORK AT WORK	ED 21F. HOW DID INJURY	f in Baltimore City,	give exact location)
22. I hereby deceased ali 23A. SIGNATI	ve on Nov.	ended the	deceased from and that death occur	1949, 19, to rred at 12:00 Pm., from to	re causes and on t	235 DATE SIGNED
44. BURIAL, CI	248. DATE 11/12/	/	Baltimore Cer	RY OR CREMATORY   240. L	imore,	1
OCAL REGISTR	BY REGISTRAR	S SIGNATU	RE Commission of the Commissio	Wm. Cook. hc.	1217 St. Par	ADDRESS ul Street
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25. FUNERAL DIRECTOR

VS 150

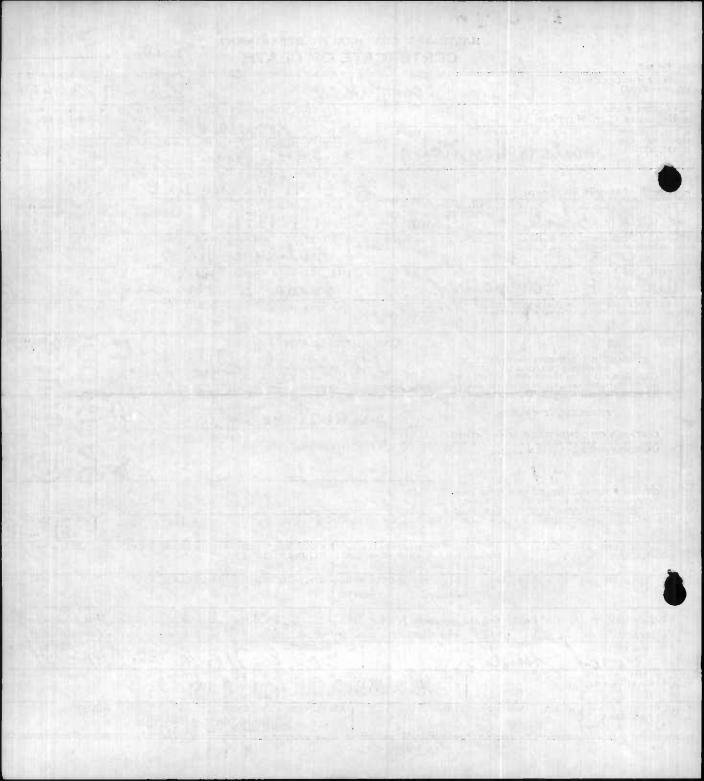
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

248. DATE

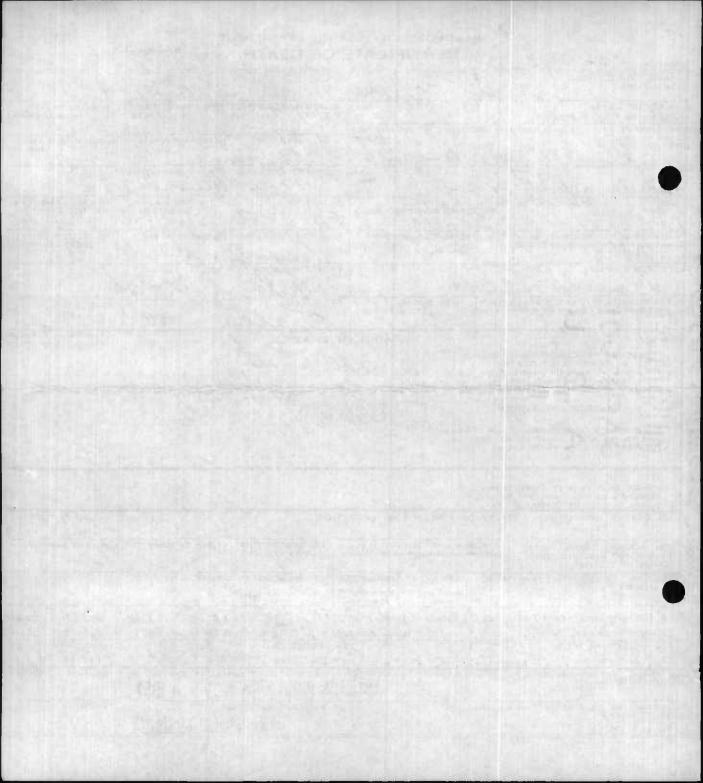
DATE RECEIVED BY | REGISTRAR'S SIGNATURE

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ADDRESS



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7	.,,,	- 6	610.5	BAI	LTIMORE CITY H				57	CASSIACE
ВП	RTH NO. 5	11-	2636	20.	CERTIFICAT	TE OF	DEATH	Regi	stered No.	
1. (T)	NAME OF Dype or Print)	DECEAS	Lby (	als	Fallen	l'		2. DATE OF DEATH	11-0	9-57
	PLACE OF D Baltimore		laryland			4. US	UAL RESIDENCE	(Where decease B. CQ		stitution: residence before admission)
в. І	FULL NAME			l or institut	tion, give street address		Mil			rene
	STITUTION	Chu	ch Hou	ml 4	Haspital.	c. CIT	palten	If outside corpo	orate limits, v	write RURAL and give township)
c.	hength of s	stav in	Baltimore a	She	Yrs. Mos. Day:	3.	8000	If rural, give lo	cation)	Ed. 5300
-	SEX		OR OF RACE	7. SINGL WIDOV	E, MARRIED, VED, DIVORCED (Specif	8. DA	E OF BIRTH	9. AGE (In last birt	years if Un hday) Mont	der I Year hs Days Hours Min.
10	A. USUAG OC	CCUPAT	ION (Give kind of	10B. KINE	OF BUSINESS OR	11. BII	RTHELACE (State of	foreign country	y)   1;	2. CITIZEN OF
rork	done during most	of working	life, even if retired)	_	INDUSTR	RY	mary	and		WHAT COUNTRY?
13	FATHER'S	NAME	1/	111	•	14. MC	THER'S MAIDEN	NAME	1	, ,,,,,
	Ver	nel	nt /2	ello	m	Sel Ed	Haline	i on	neth	
15. You	. WAS DECEAS	ED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. IN	FORMANT	- 8	AND A	PRESS MA CALL
	18. 77	14			CAUSE	OF DE	ATH A		0001	INTERVAL BETWEEN
	1.1	SE OR	CONDITION	DIRECTLY	//	,,,,,	# #			ONSET AND DEATH
	(This doe	s not me	an the mode of	f dying, e. :	B., (A)(//	rem	aluny	58 ************************************		
			enia, etc. It mea eation which c			7	-11	1/1		
		ANTECEDENT CAUSES								
Z	DISEASE	S OR C	ONDITIONS, IF	ANY. GIVI	(B)	/CW		-1-070		
Ĕ	RISE TO	THE ABO	VE CAUSE (A)	STATING TI						
<u> </u>			The last of		(C)	*******			• • • • • • • • • • • • • • • • • • • •	***************************************
	OTHER !	C.C.N.E.	11		FE TELL					
田田	TRIBUTIN	G TO TH	CANT CONDITION  E DEATH, BUT  OR CONDITION	NOT RELATE	ED					
١,	19A. DATE				FINDINGS OF OPE	ERATION				20. AUTOPSY?
3						CHELL			1915	YES NO V
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING LYING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?							e exact location)			
≥	21D. TIME		(Day) (Year)	(Hour)	21E. INJURY OCCUR	RRED 21	F. HOW DID INJU	RY OCCUR?		
L,	Mooki			m.	WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 11-2-5/ 19, to 11-2-5/ deceased alive on 11-2-5/, 19 / and that death occurred at 7.6 m., from the causes ar							11-2-5	7, 19,	that I last saw the	
	23A. SIGNA	TURE	9 J.	Sta	14 M. D.	236 ADI	DRESS!	n Y AL	40	23c. DATE SIGNED
	A. BURIAL.		24B. DATE		24C. NAME OF CEMET	HAPKING	MEDICAL SCHOOL N	OV 5	ity, town, or	county) (State)
DA	TE RECEIVE	ED BY	REGISTRAR'S	S SIGNATI	JRE UVIII	1 25. FL	NERAL DIRECTOR	3	186	DDRESS
N	OV 1 1 1	951	7.1	F	ans, He		Commissi	oner of He	alth	
-13	VS 150						· ·	1.12.5		159
							\ 1.	I had be made at	4	124



-		51 9695					1	51	C	695	
						TH DEPARTMEN	T	Registere		(100)	
8	IRTH NO.	11 120		CLICITI IC	A1L	OI DEATH					
	NAME OF D Type or Print)	esse k	2066	inc				OF NEATH	DUP	u. her	, 9 19
Α.		City, Maryland U		Hospita	1 6	. USUAL RESIDENCE			If instit	1. Bofore	admission
H	FULL NAME OSPITAL OR ISTITUTION	Mille CE i	Mac	on, give street addr	4	CITY OR TOWN	(If outsi	de corporate li	mits, wr	te RURA	
-	9	VIIUC JI FY	11-03		Yrs. D	STREET ADDRESS	If rural	, give location)	(	12 his	
		tay in Baltimore			Days					20M	
5.	M	6. COLOR OR RACE		MARRIED,		DATE OF BIRTH	9.	AGE (In years last hirthday)	If Under Months		Under 24 Hours ours Min.
orl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS C		Maria Care	rforeigr	country)		CITIZEN WHAT C	OF OUNTRY
13	FATHER'S,	NAME A	Defel.	1040	14	MOTHER'S MAIDEN	NAME	Drive.	,		
15 Ye	. WAS DECEASE	ED EVER IN U. S. ARME! (If yee, give wer or date	D FORCES?	16. SOCIAL SECURITY !	17	INFORMANT	Z X	auce	ADDR	ESS/	2
						lay DEnn	us	anie	1).	Hele	1 mo
	(This does heart failu	SE OR CONDITION LEADING TO DEA's not mean the mode of the asthenia, etc. It mean complication which of	TH of dying, e.g. ins the discase	, (A)	SE OF	DEATH				NTERVAL ONSET AN	BETWEEN NO DEATH
		ANTECEDENT CAUS		, 502 10	p-A	the Rese	1.	Pl	15		
CATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE	(B) B DUE TO (C)	Cong	cental To	oge	colon			
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED		0						
AL	NOULM	ber 2, 1957	(0	MGENIX	2/	Megacolo	141			20. AUT	NO [
MEDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY rm, factory, atreet, office		21C. WHERE DID INJURY OCCUR?	(If in	Baltimore Cit	y, give e	exact loca	tion)
	D. TIME	(Month) (Day) (Year)	w		WHILE WORK	21F. HOW DID INJU	RY OC	CUR?			
		y certify that I att						cuke, 19			

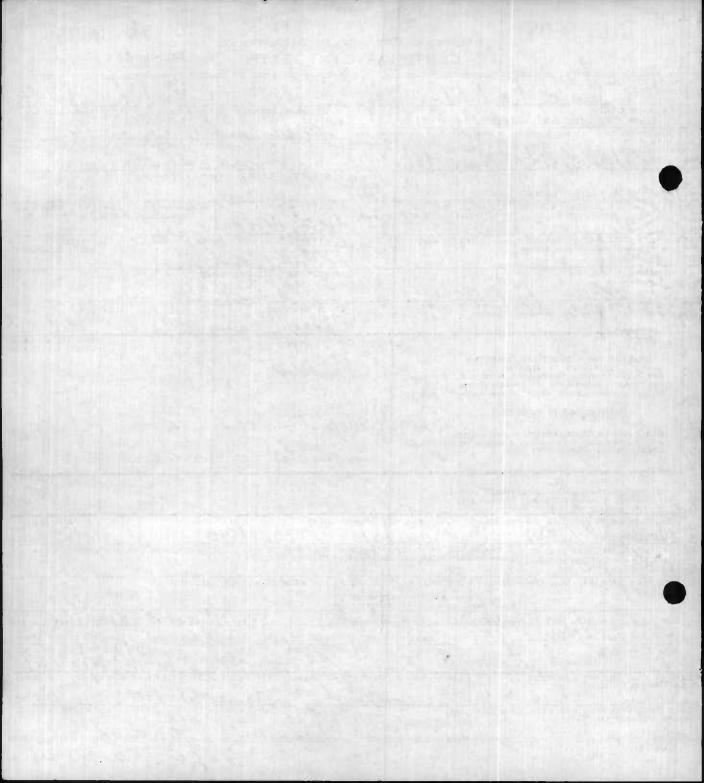
238. ADDRESS 23C. PATE SIGNED

23A. SIGNATUE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)

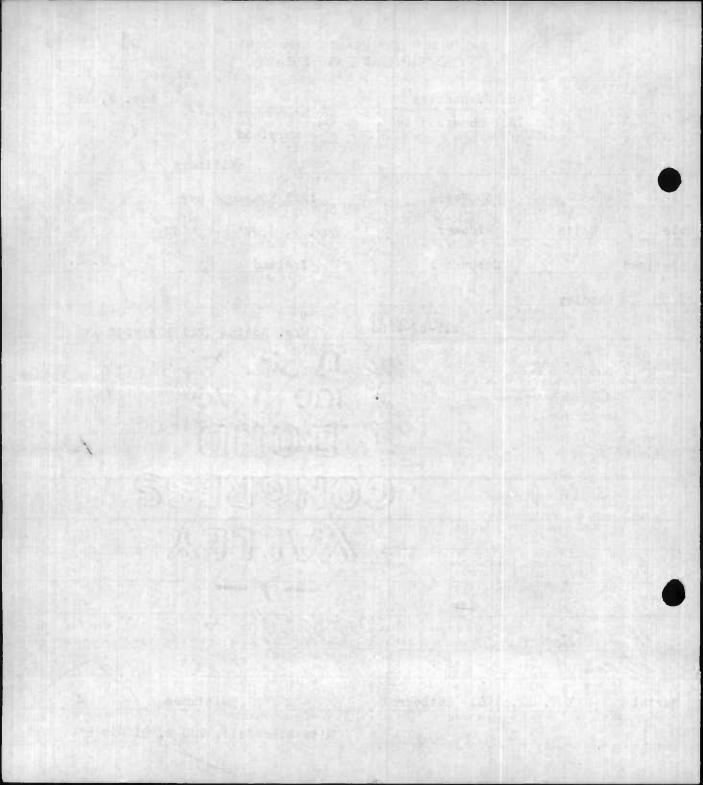
DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS hantie tom Milliams, 175-

E Preston &



BALTIMORE CITY HEALTH DEPARTMENT	1.1.1.
CERTIFICATE OF DEATH	Registered N

NAME OF D Type or Print)		hn J. Handley		OF NOV.	9. 1951			
B. PLACE OF D	EATH:	321 Homewood Ave	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY hefore admission)					
. FULL NAME	10.7	al or institution, give street address or						
NSTITUTION		location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
			Baltimore 1-0 1 township)					
		Yrs.	D. STREET ADDRESS (If r	ural, give location)	6			
. Length of s	tay in Baltimore	60 Years Mos.	1321 Homewood Ave					
S. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Mon	Inder I Year   ft Under 24 Hours ths Days Hours Min.			
Male	White	Widower	Aug. 9, 1879	72				
	CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF			
Retired	or working life, even if retired)	Carpenter	Ireland		U. S.			
3. FATHER'S	VAME	1 002 000 002	14. MOTHER'S MAIDEN NA	ME				
	Uandlan							
15. WAS DECEASE	Handley ED EVER IN U. S. ARMEI	D FORCES?   16, SOCIAL	17. INFORMANT ADDRESS					
(es, no or unknown)	(If yes, give war or date	s of service) 217-07-2586						
118. 11. 2			OF DEATH	1321 Homewoo	d Ave			
Toh	211		OF BEATH	0	ONSET AND DEATH			
- Lawrence	SE OR CONDITION LEADING TO DEA	TH ////	or acheal	Orgsner-	7 1545a			
	s not mean the mode oure, asthenia, etc. It mea							
injury or	complication which	caused death.) DUE TO		0	1			
	ANTECEDENT CAUSES							
DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO	cross		72450			
ONDERL	YING CONDITION LA	(c)		****				
OTHER S	II SIGNIFICANT CONDI	TIONS CON-						
	TO THE DEATH, BUT							
		98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
					YES NO			
LYING O	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?)  CAUSE OF DEATH  (If in Baltimore City, give exact location)							
	(Month) (Day) (Year	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
INJURY		m. WHILE AT NOT WHILE						
22. I hereb	by certify that I att	tended the deceased from	e of 20195/to 2	Lov 9, 195/	, that I last saw the			
	live on new 9		rred at 1115 Am., from th		e date stated above.			
23K,SIGNA	TURE		3B. ADDRESS	Re-L	23c. DATE SIGNED			
+ /lell	acy 1.0	stagely M.D.	10 GICHARLE	101	1401/0 KS/			
24A. BURIAL.	CREMA- 248. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, o	or county) (State)			
Burial	Nov. 12	2, 1951 Cathedral	Bal	ltimore				
DATE RECEIVE	D BY   REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS			
LOCAL REGIST	059 · · · ·	Lon Williams	Rita Wiedefeld,	, 900 E. Bidd	le St			
VS 150					0-5			

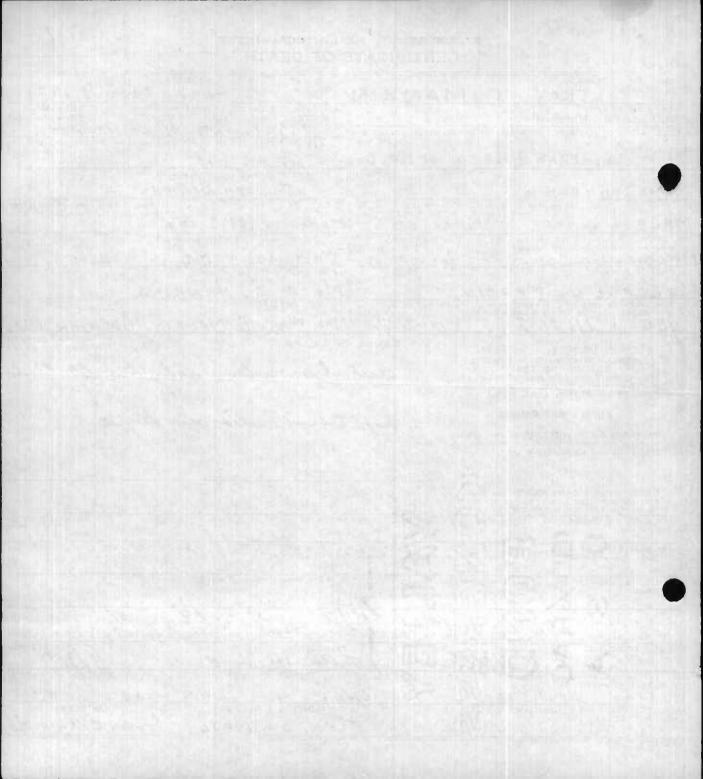


VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

51 9597

Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Nov. 9, 1951 ANKIN. EROY DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND HRUNDEL B. FULL NAME OF HNNE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION LUTHERAN HOSPITAL OF MD., INC DENTON D. STREET ADDRESS (If rural, give location) Year Mee. FOURTH STREET c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | II Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARRIED MARCH 10, 1889 62 WHITE 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
FILTERATION OPR. RETIRED INDUSTRY S, A, G. MEADE ALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MANKIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. ONE. DENTON 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 195/. to // , 195/, that I last saw the 22. I hereby certify that I attended the deceased from\_ Pm., from the causes and on the date stated above. 19 5%, and that death occurred at 6 deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24D LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL BURIAL NOV. 13. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR T.W. SINGLETON GLEN BURNIE MD



BALTIMORE CITY HEALTH DEPARTMEN Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE HOMAS OF DEATH RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. th of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years 5 SFX last birthday) Months Days Hours Min. BIRTHPLACE State or foreign country) OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY None 13. FATHER'S NAME WAS DECEASED EVER IN U. SARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute upper respiratory infection (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

INJURY NOT WHILE WORK

AT WORK

thereon and from Autopsy, Inspection or Inquiry

22. I certify that I took charge of the remains described above, held an

the evidence obtained by said Autopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕃 accident 🗌, suicide 🗀, homicide 🗀, undetermined 🗀. 23c. DATE SIGNED

23A. SIGNATURE

238. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR

24A. BURIAL. CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

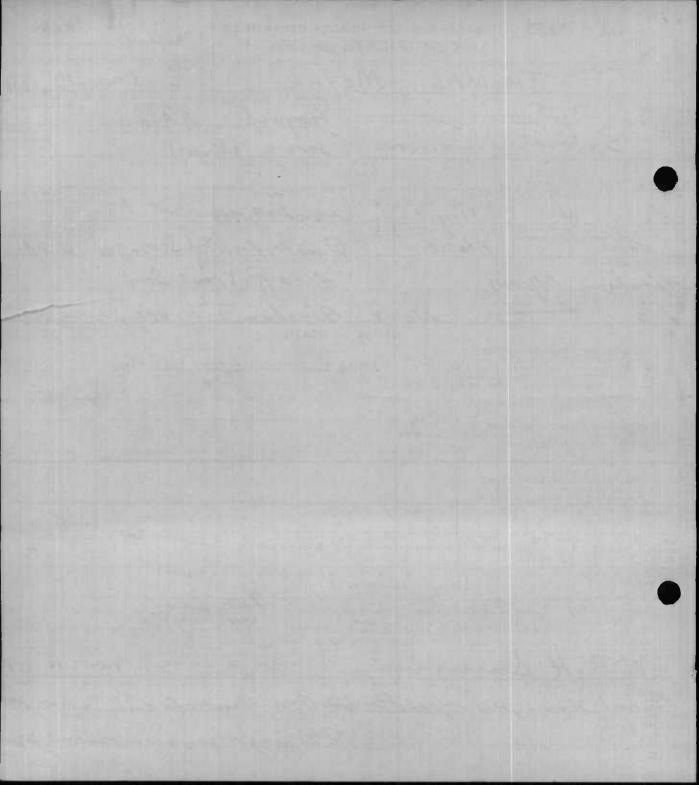
24D. LOCATION (City, town, or county

DATE RECEIVED BY

25. FUNERAL DIRECTOR

LOCAL REGISTRAR

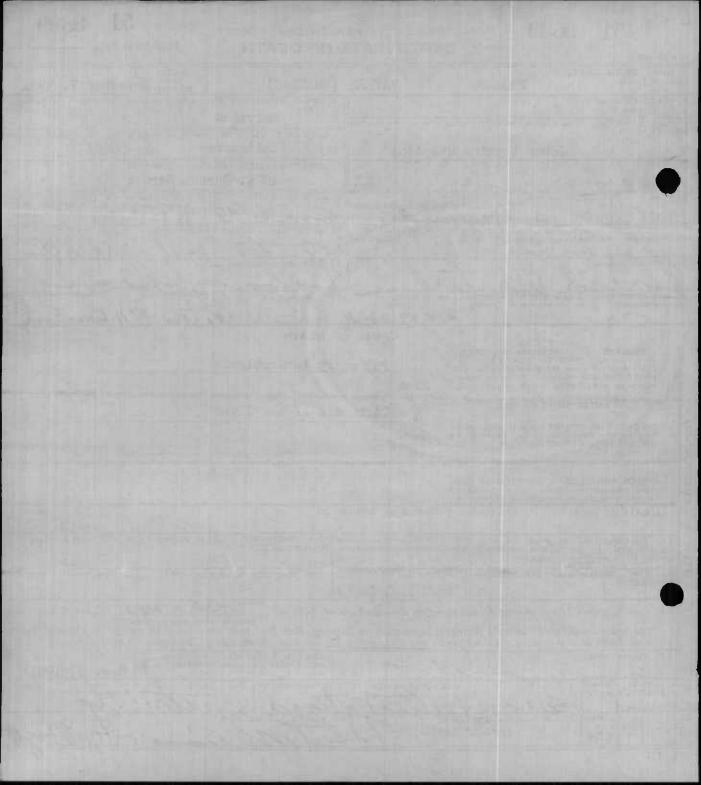
REGISTRAN'S SIGNATURE



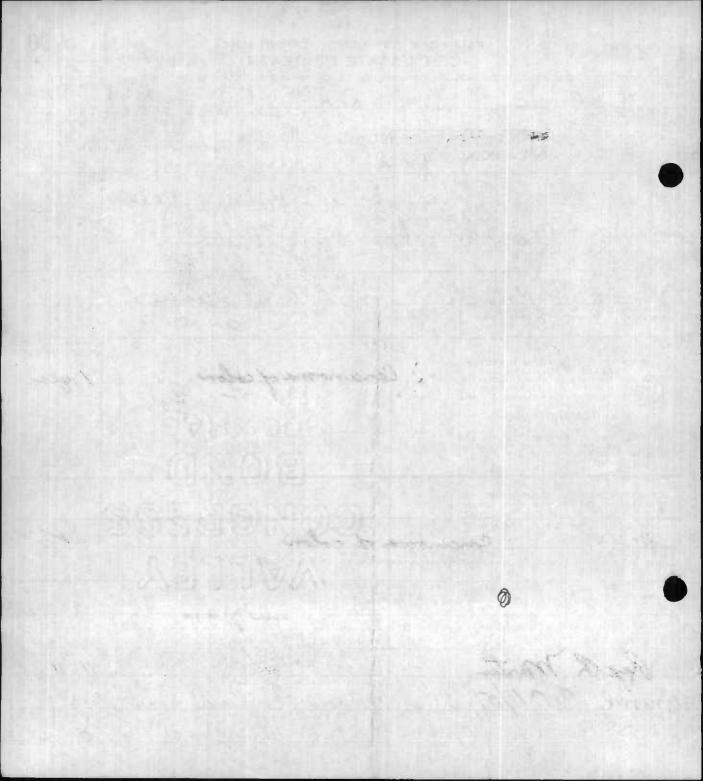
#### BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 2. DATE DEATH November 7, 1951 THOMAS WATERS (WHATERS) 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) A. STATE B. COUNTY Maryland f not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Johns Hopkins Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 19 N. Durham Street gth of stay in Baltimore Days 6. COLOR OR RACE 7/SINGLE, MARRIED 9. AGE (In years It Sinder I Year WIDOWED, DIVORGED (Specify) last birthday) | Months Days | Hours Min. Male Colored narrie 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13 FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO NIERVAL BEIWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary tuberculosis (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) XXXXX ANTECEDENT CAUSES Cirrhosis of the liver ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? EDICAL YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE WHILE AT AT WORK WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \supseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151



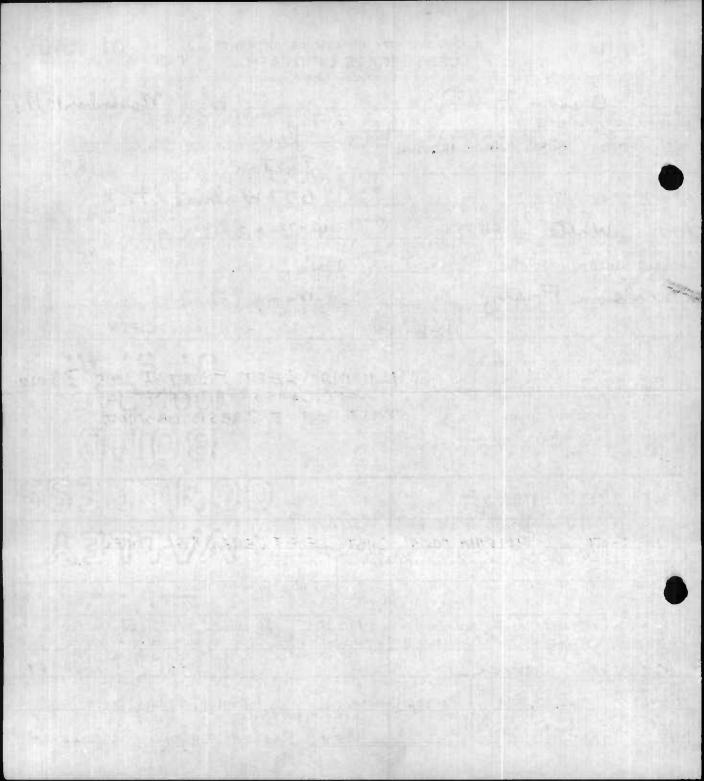
3	4 9730		EALTH DEPARTMENT		3700
BI	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED Type or Print)	Parback	EPH .	OF NOV 1	1 1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst B. CQUNTY	titution : residence before admission)
в.	FULL NAME OF (If not in hospi	ital or institution, give street address or location)		V-27	
	NSTITUTION	NS HOPKINS HUSTIAL	Shope A	outside corporate limits, w	rite RURAL and give township
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
	Length of stay in Baltimore	Mos. Days	108 HALSE	y Arive	
5.	SEX 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     Under   Month	s Days Hours Min.
C	DA. USUAL OCCUPATION (Give kindo k done during most of working life, even if retired	of 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF WHAT COUNTRY
		INDUSTRI	. n. 4.		WHAT COUNTRY
13	3. FATHER'S NAME	, ,	14. MOTHER'S MAIDEN NA	AME .	
	Robert de K	oische	Tillian V	leman	
Ye	5. WAS DECEASED EVER IN U.S. ARME (If yes, give war or dat	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	US HOPKINS HOD	RESSL
	18. 15 3 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA		. , ,		4
	(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	unoma of colo	~	1 years
	injury or complication which				
	ANTECEDENT CAU	SES			E DE COM
2	DISEASES OR CONDITIONS.		•••••••••••••••••••••••••••••••••••••••		***************************************
-	UNDERLYING CONDITION L				
2		(0)	***************************************		3
	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT				
ל	TO THE DISEASE OR CONDITION	N CAUSING IT.			
1	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	TATION		20. AUTOPSY?
2	21A. ACCIDENT WAS UNDER.	218. PLACE OF INJURY (e		f in Baltimore City, give	exact location)
N III	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	D. TIME (Month) (Day) (Year INJURY			OCCUR?	
		m. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I at	ttended the deceased from 10-	27- 195/, to //-	-//-, 195, t	hat I last saw the
		, 1957, and that death occur	rred at 1207 fm., from the	he eauses and on the	
	23A. SIGNATURE	M. D.	JOHNS HOPKING		23c. DATE SIGNED
TI	AA. BURIAL CREMA. 248. DATE ON. REMOVAL (Specify)	11/5/ PROPERTY	MOOR REMATORY 240 L	dan New	ebunty) (State)
D	ATE RECEIVED BY   REGISTRAN	S SIGNATURE	25. PUNERAL DIRECTOR	V	DDRESS 2024
4 4	951 121951 Ameter	for Milliansid, Mi	Thilip Herurg	Jans Onl	leans at



1	3	7	
51		97	01
DID	-	0	03

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print)  Occor Freth	2. DATE OF DEATH NAME 10.1957
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  Mos. Days	677 Walnut St.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years   If Under I Year   If Under 24 Houss
male White DIVORCED	4-21-92 59
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Moving picture operator  13. FATHER'S NAME	Easton, Penna.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	many Dane
(11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
113-10-9480	IOHNS HOPKINS HOSPITAL
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	man / FFT FOREINI / TO 33
	OMA LEFT PRONTAL LOBE, 33 MO.
	EFT CEREBRAL HEMIS PHENE
	T OP. Z ? RESP. OBSTRUCT,
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
11-9-51 GLIOMATOUS CNS	T LEFT CEREBRAL CORTEX YES NO
214. ACCIDENT WAS UNDER.   218. PLACE OF INJURY (o.g., LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg.,	
CAUSE OF DEATH	
o, Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	1887 CANON BUT TO THE STATE OF
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	1-4, 1951, to 11-10, 1961, that I last saw the
	rred at 630 m., from the causes and on the date stated above.
23a-SIGNATURE	238. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED
24A, BÜRIAL, CREMA-1 24B, DATE 24C, NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	
Temoval   Nov.12,1951   Easton Cemet	ery   Easton, Pennsylvania
NOV 1 21051	0 11'1 0 0 0 11
VS 150	Jem. J. Dukner & Bons Baltimore Hed
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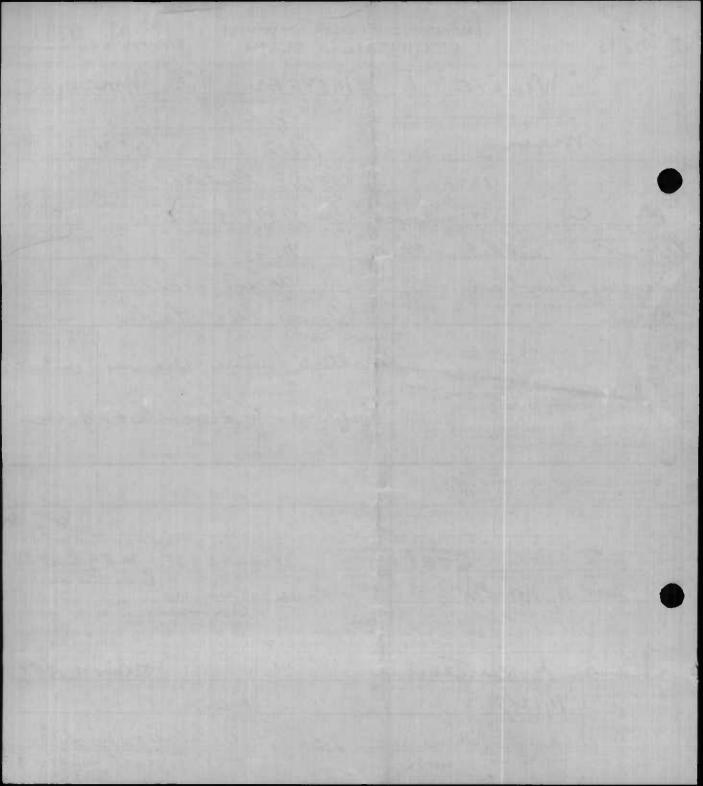
51	6
51	9702

BIRTH NO. CERTIFICAT	
	E OF DEATH Registered No.
1. NAME OF DECEASED	
(Type or Print) Frederick W. Von Behren, Jr	2. DATE OF DEATH 11951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
South Raltimore General Hosp.	Baltimore 25 township)
c. Ligth of stay in Baltimore  Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OF RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
Hale White Harried	10 26, 1896   last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of Mork done during most of working life, even if retired)  A 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Baltimore, Hd.
Find Ilan R I.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	00 0/ 16.1
	OF MEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	, onser and search
(This does not mean the mode of dying, e.g.,	onany Occhusion
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ONARY OCCHIECON WENDER INFARCTION
ANTECEDENT CAUSES	ORONARY ANTERIO- SCHENOSES
DISEASES OR CONDITIONS, IF ANY, GIVING	7
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	<b>1</b>
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	elbo-phlabit, kept The
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B, MAJOR FINDINGS OPERATION 19B, MAJOR FIN	ATION 20. AUTOPSY?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in Jung 10 of Contributing 10 of Contributing 11 of Contributing 11 of Contributing 11 of Contributing 12 of Contributing 13 of Contributing 14 of Contributing 14 of Contributing 14 of Contributing 15 of Con	ATION   20. AUTOPSY?   VES   NO   NO   NO   21C. WHERE DID (If in Baltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	20. AUTOPSY?  YES NO  nor 21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	20. AUTOPSY?  YES NO  NO  10 or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	20. AUTOPSY?  YES NO  nor 21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATOR OF CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from 1	20. AUTOPSY?  YES NO INDICATE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  The state of
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 199. 1951. and that death occur	20. AUTOPSY?  YES NO  nor 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., is about home, farm, factory, street, office bidg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AND AND ADDRESS OF THE COLUMN AND ADDRESS OF THE C	20. AUTOPSY?  YES NO  NO  10 or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?  10 10 10 10 10 10 10 10 10 10 10 10 10 1
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., industrial conditions) about home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY 22. I hereby certify that I attended the deceased from deceased alive on 19 1951, and that death oecuse 23A. SIGNATURE	20. AUTOPSY?  YES NO  NO  10 or 21C. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  1
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	20. AUTOPSY?  YES NO  NO  10 or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?  10 10 10 10 10 10 10 10 10 10 10 10 10 1
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	20. AUTOPSY?  YES NO  NO  10 or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?  10 10 10 10 10 10 10 10 10 10 10 10 10 1
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	20. AUTOPSY?  YES NO  NO  10 or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?  10 10 10 10 10 10 10 10 10 10 10 10 10 1
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., is about home, farm, factory, street, office bidg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WO	20. AUTOPSY?  YES NO  NO  10 or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?  10 10 10 10 10 10 10 10 10 10 10 10 10 1

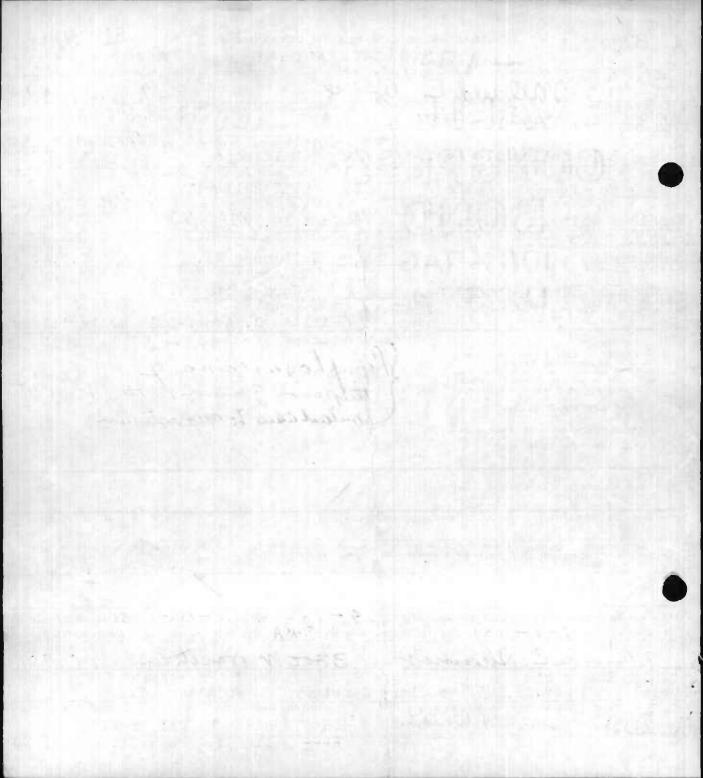
A. S. PATE 

## CERTIFICATE OF DEATH

B	IRTH NO.							
(T	NAME OF D	W	ILLIE	J.	WINSTEA	DE	ATH W	W.11, A51
Α.		City, Maryland			A. STATE		ceased lived. If i	nstitution residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in ho	spital or institution		tion) c. CITY OR TOW	VN (If outside	corporate limits	, write RURAL and give
3		- 1100	- Cy		Dale	š .	0-	( township)
	Orth of s	tay in Baltimor	1374	1	7rs. O. STREET ADD 10s. 15/2, E	RESS (If rural, g	ive location)	
5.	SEX	6. COLOR OR PA	CE   7. SINGLE.	MARRIED, D, DIVORCED (SI	8. DATE OF BIR	TH 9. AG		Under I Year   If Under 24 Hours hths: Days   Hours   Min.
30	\V\	CUPATION (Give kir	w	dowed F BUSINESS O	July 13.	(State or foreign c	2	
		of working life, even if reti		INDUS		(State of foreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	-	Shipper	14. MOTHER'S M	MAIDEN NAME		
10	Hen	ry Win	eteael	, ,	u	nlenou	m	
(Ye	e, no or unknown)	VER IN U.S. AR	dates of service)	6. SOCIAL SECURITY N	17. INFORMANT	m. 16	A TAG	DDRESS
	18. F 8	2.4	<u> </u>	CAU	SE OF DEATH	rouse C	Cayon	INTERVAL BETWEEN
		SE OR CONDITION LEADING TO D		10	1 1 + 1	7		ONSET AND DEATH
	heart failu	not mean the mo	de of dying, e. z., means the disease.	(A)	utiple qu	ochure, a	arogen	Y contusin
	injury or	ANTECEDENT CA		-Dua-10	)			
Z	DISEASE	S OR CONDITION		(B)	cupture.	of slow	sele +	spleen
ATIO	RISE TO T	HE ABOVE CAUSE	(A) STATING THE	DUE TO	0	0		
				(C)			***************************************	
ERTIFIC		II IGNIFICANT COI TO THE DEATH, B						
CEF	TO THE O	SEASE OR CONDIT		INDINGS OF C	DEPATION			20. AUTOPSY?
	ISA. DATE O	POPERATION	I SB. MAJOR I	INDINGS OF C	PERATION			YES NO NO
EDICAL	UNDERLYIN	AL CAUSE WAS	B- about home farm	OF INJURY (a.factory,street,office)		DID (If in Ba	Itimore City, gi	ive exact location)
ME		Month) (Day) (Yo	(3)	REE!	URRED 21F, HOW D	ID INJURY OCCU	IR? P	Tost Dr.
E	YADLNI	MOT 11. 1		LE AT NOT W	HILET .	ey can-an	to	5/2
	22. 1 certij	fy that I took ei	harge of the re	mains describ	ed above, held an _	Autopsy, Inspect	on on House	thereon and from
ı	the evi	dence obtained	by said Autops	y, Inspection	or Inquiry, find the uses [], accident	at said deceased	died on the	day stated above,
	23A. SIGNAT	TURE 1/	/ A	n. navarar ca	23B. CHIEF I	MEDICAL EXAMIN	NER . []   230	. DATE SIGNED
24	The second second	REMA- 24B. DAT	· When	NAME OF CEN	M.D. MEDICAL IN	MEDICAL EXAMINATION OF THE PROPERTY OF THE PRO	ON (City, town, o	or county (State)
TIC	AA. BURIAL. CON REMOVAL (S	pecify)	2/51	5, 11,11/12 01 021.	area on one mayor	Portbran	n	C
D	ATE RECEIVED	BY REGISTRA	AR'S SIGNATURE		25. FUNERAL D	RECTOR	. 0	ADDRESS
N	14 1 513;	OI Janita	tox Millie	Est, Her	Mes Gr	4.4. Ele	ust YW.	aughter
V	S 151	865.2		970	30	11297	· Carre	mis St

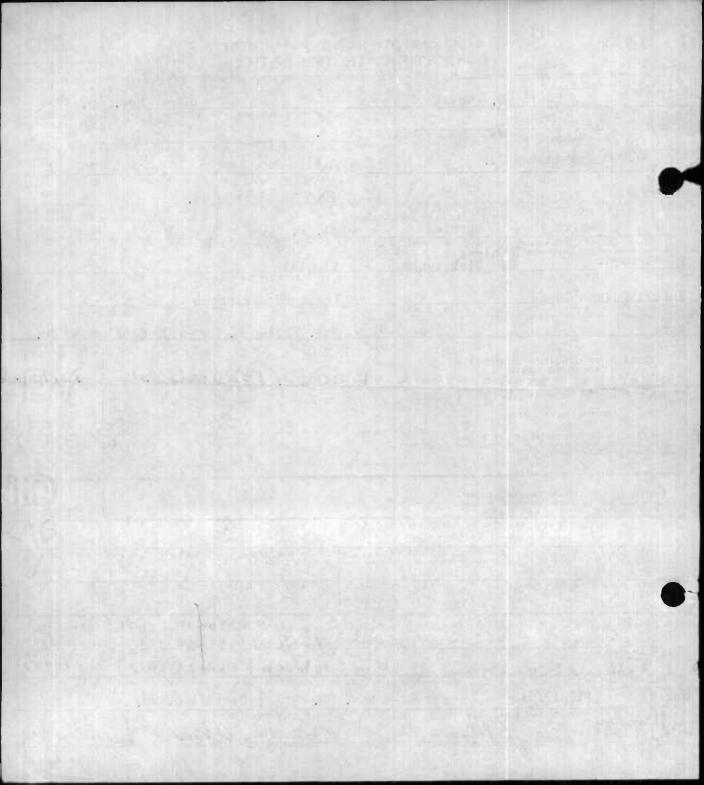


01' '9704	BALTIMORE CITY HE		31 9704
BIRTH NO.	CERTIFICATE	E OF DEATH Registere	ed No.
1. NAME OF DECEASED (Type or Print)	dred & app	2. DATE OF DEATH /	or. 10.1951
	Baltimore	4. USUAL RESIDENCE (Where deceased lived A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	l or institution, give street address or location)		mits write RURAL and give
5210 Bellevi	lle Ave.	Baltimore 2	township)
c. Length of stay in Baltimore	I ife Yrs. Mos. Days	p. street address (If rural, give location 5210 Belleville Ave	
Female White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Married	Jan. 19, 1901 9. AGE (In years last birthday)	Months Days H Under 24 Hours Hours Min.
work done during most of working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife  13. FATHER'S NAME		Baltimore Md.	U.S.A.
		14. MOTHER'S MAIDEN NAME	
Charles Robert A	FORCEST LIE SOCIAL	Cora Smith	
(Yes, no or unknown) (If yes, give war or dates of None	of service) SECURITY NO.	17. INFORMANT	ADDRESS
18. /9./Y	none	William C. Appel-5210 OF DEATH	BellevilleAve
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF, RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST UNDERLYING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF	dying, e. g., s the disease, used death.)  ES  ANY, GIVING STATING THE DUE TO T. (C)	phosarcoma J graid gland mediastin	le /8 months
19A. DATE OF OPERATION   191	B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., io about bome, farm, factory, street, office bldg., et		YES NO X
CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (1			
INJURY (Month) (Day) (Year) (1	Hour) 21E. INJURY OCCURRE  MHILE AT NOT WHILE  MORK AT WORK	ED 21F, HOW DID INJURY OCCUR?	
22. I hereby certify that I atter	nded the deceased from 9	-18-,1950/to/1-10-,19	51, that I last saw the
deceased alive on 11-9-,	1951. and that death occur	red at 7:45 A.m., from the eauses and or	n the date stated above.
Maurice E. K		38. ADDRESS 3300 W. World are	23c, DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY   24D. LOCATION (City, to	own, or county) (State)
Burial Nov.12,	1951 Woodlawn Cer	metery Woodlawn Md.	
DATE RECEIVED BY REGISTRAR'S	~ 1//1 · · · · · · · · · · · · · · · · ·	25. FUNERAL DIRECTOR	ADDRESS
UV 1 21951 / Mustice at 1	mi / Yolliams, Mills	SCHWEINSBERG FUNERAL SE	
VS 150	THE RECORDING	LE _ 1126 W. Cross S	st. Balto. 30
			55c
the second of th			



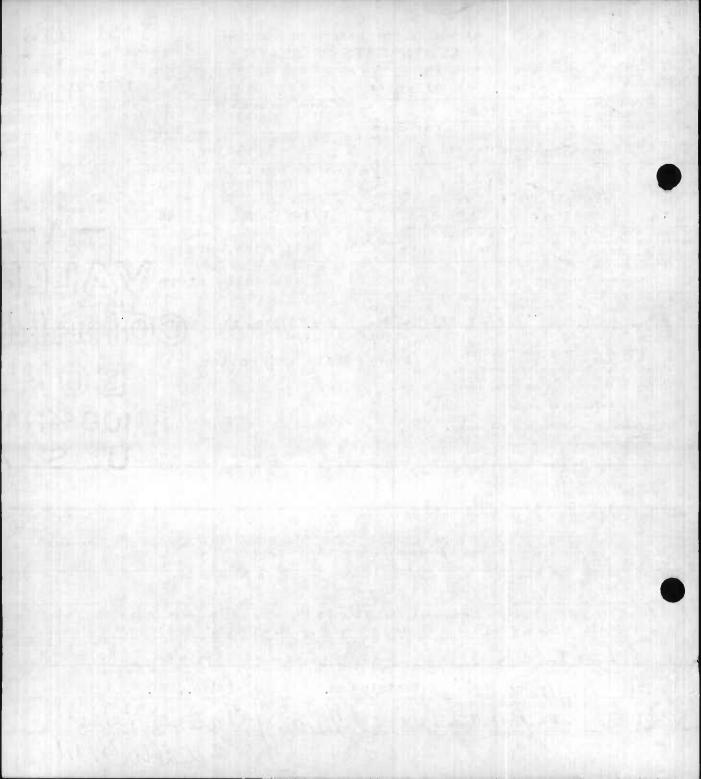
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.				e of bentill		
I. NAME OF DEC (Type or Print)					2. DATE	
	Louis	0, G	uy		DEATH NO	v. 10, 1951
a. Baltimore City				I A. STATE	CE (Where deceased lived, B. COUNTY	If institution: residence before admission
B. FULL NAME OF	(If not in hospit	al or institut	tion, give street address or	Md.	5. 0001111	before aumission,
HOSPITAL OR	D1.1.	1 0 1	location)	C. CITY OR TOWN	(If outside corpora e lin	nts write-RUKAL and give
1900	Kamplewood	1 Rd.		Baltimore	4	township
A PHEET			Yrs.	D. STREET ADDRES	S (If rural, give location)	
c. Length of stay	in Baltimore		Mos. Days	1900 Ramble	wood Rd.	
5. SEX 6.	COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
male	white		rried	Oct. 2, 1904	last birthday)	Months Days Hours Min.
10A. USUAL OCCU	PATION (Give kind of	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF
ork done during most of wo Plant Supt	e unit interest in retired)	Wholes	ale INDUSTRY	*** * *		WHAT COUNTRY
13. FATHER'S NAM		עדד דדר	stributors	Virginia 14. MOTHER'S MAID	EN NAME	
Dohant Wal						
Robert Nel	SON GUY EVER IN U.S. ARMED	FORCES?	16. SOCIAL	Louise Hanes	vinckel	
Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
none			216-03-9156	Mrs. Thelma	L. Guy-1900 Ra	mblewood Rd.
18. 420.	1 1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION ADING TO DEAT	DIRECTLY	0 -			
This does no	t mean the mode o	f dvince a c	3, (A) COR	11 VSIFINO	1ROMB051	S / House
injury or cor	asthenia, etc. It mean implication which c	ns the diseas aused death		CUTE		
	TECEDENT CAUS			012.		
2	TECEDEIAL CADS	5.5	(8)			
DISEASES OF	R CONDITIONS, IF	ANY, GIVIN	10			***********
UNDERLYING	G CONDITION LA	STATING TH	IE OUE TO			
			(C)	***************************************		
	11					
OTHER SIGN	THE DEATH, BUT	TIONS CON	1.			
TO THE DISEA	SE OR CONDITION	CAUSING I	Т			
19A. DATE OF C	PERATION 0 1	B. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?
5						YES NO
	T WAS UNDER-	218. PLA	ACE OF INJURY (e. g., in arm, factory, street, office bldg., et	or 21c. WHERE DID	(If in Baltimore City,	glve exact location)
CAUSE OF DEA	ATH					
TIME (Mon	nth) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F, HOW DID IN	JURY OCCUR?	
		m. V	WHILE AT NOT WHILE			
22. I hereby o	antifar that I att		deceased from	NE 1950, t	N-110 10	
deceased alive		10.5 l	and that death occurr	1300		I, that I last saw the
23A. SIGNATUR		, 10 4 . , (	ana inai aeain occurr	BB. ADDRESS	om the causes and on	the date stated above.
TI	Kal	Va.		1	CAVEN BLUD	11-14-51
24A. BURIAL CRE	AA- 248. DATE	15/2	M. O.   7		4D. LOCATION (City, tow	
Burial (Speci	11/12/51	, 1	Moreland Mem		Parkville. Md.	(west)
DATE RECEIVED B	Y REGISTRAR'S	SIGNATU		25 FUNERAL DIREC		/ADDRESS
NOV 1-2-195	The state of	to Nu	iasua, Him	Wm: 4.	Ichene to	me-bull
VS 150			2001	1		Mad



E	123	
51	9706	
BIRTH	NO	

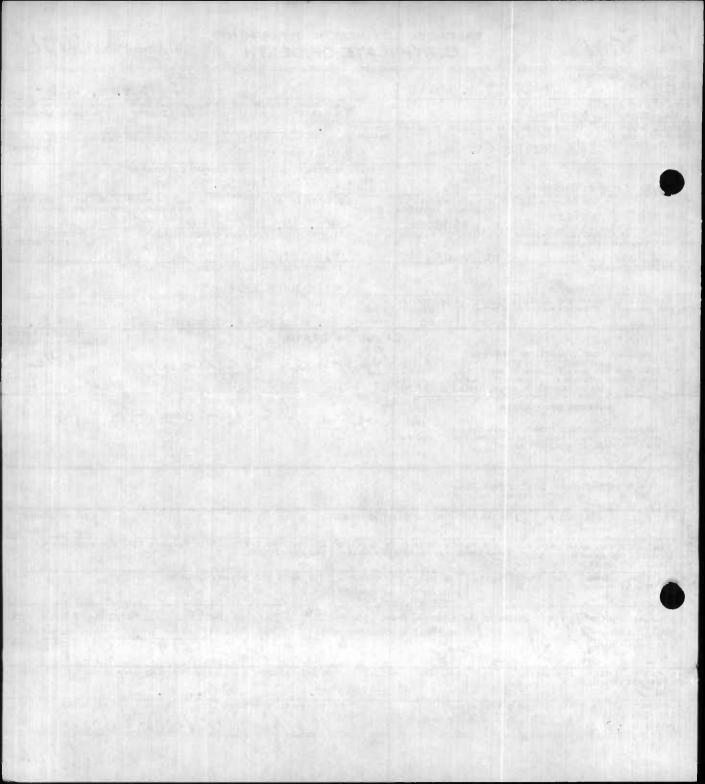
51	970	6	BAI		ALTH DEPARTMEN		27 3/06
B	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No
	NAME OF D		Mr.Art	M. hur/Kynast		2. DATE OF DEATH	/10/51
	PLACE OF D Baltimore	EATH: City, Maryland	Yes		4. USUAL RESIDENCE	(Where deceased lived,	If institution : residence before admission)
В.	FULL NAME		ital or institut	ion, give street address or location)	MATYI	Ball Ball	te me some
	ISTITUTION	Bon Secou	rs Hos	oital		timore	its, write RURAL and give township)
C.		tay in Baltimore	Life	Yrs. Mos. Days	701 Overbro	(If rural, give location) OOK Road-4-1	vid 5300
	sex ale	White		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 1/18/1903	9. AGE (In years last hirthday)	f Under 1 Year H Under 24 Hours Min.
10 worl	A. USUAL OC done during most	CUPATION (Give kinds) of working life, even if retires n	Real	O OF BUSINESS OR	11. BIRTHPLACE (State of Baltimore		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN		
		ry Kynast			nachael	winters	
15 (Ye	o, no or unknown)	ED EVER IN U. S. ARM (If yee, give wer or da	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	B	aPPHMore 4, Md.
	no			213-10-5445	Mrs. Elizabet	h Kynast-701 (	
	2 /	011		CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DE	TH	Myocaro	dial Infarct	ion	
	(This does	not mean the mode re, asthenia, etc. It me	of dying, e. g	(A)		,1011	
	injury or	complication which	caused death	.) OUE TO			
		ANTECEDENT CAL	SES				
Z	DISEASE	OB CONDITIONS		(B)		***************************************	***
	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A	STATING TH	IE DUE TO			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
V	UNDERLY	ING CONDITION L	AST.	(C)	***!*!*********************************		
F							
CERTIFICATION	OTHER S	II IGNIFICANT COND	ITIONS CON				
		TO THE DEATH, BUT					
		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
Y		0					YES NO X
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm,factory,street,office bldg.,e		(If in Baltimore City,	give exact location)
2		(Month) (Day) (Yea:	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJU	URY OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22. I herch	y certify that I at		101	Toler 16 1051 to	Almender 10 10	SI, that I last saw the
				and that death occur	red at 2 a.m. from	n the causes and on	the date stated above.
	23A. SIGNA	TURE			3B. ADDRESS	. A	23c. DATE SIGNED
	M	and Ilaa	ite	M. D. \	Im Lecour	Hispital	11-10-51
24 TIC	Burial	pecify) 24B. DATE		24c. NAME OF CEMETER Western (		Balto., Md.	n, or county) (State)
DA	TE RECEIVE		S SIGNATU		25 FUNERAL DIRECTO	· V	ADDRESS
10	V1 2195	" familie at	on Milli.	ealla, M.P.	2/m.4.V	relener 4	some -
	VS 150		13/43/201	1/700	11	12 -1	Mad
				410,	4	Dallo	11101940
	a Y						1700



36	3
51	9707
BIRTH NO	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered .	No.	
1. NAME OF DECEASED			2. DATE		
(Type or Print) HARRIETT A.	EDWARDS		OF NOV	9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V			
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	Md.	outside cornorate limi	write RURAL and give		
2426 Barclay St.		Baltimore		township)	
c. Tigth of stay in Baltimore	Yrs. Mos. Days	2426 Barclay St.			
5. SEX 6. COLOR OR RACE 7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years	if Under 1 Year   If Under 24 Hours on the Days   Hours   Min.	
Temale   White   .	dowed	Dec. 18, 1858	92	Jays Hours Mills	
	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY	
Housewife at Hom		Virginia		WHAT COOKINT	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Henry Tapscott	III AND BUILDING	Elizabeth Maston	n		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or naknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
no	no	Mr. Richard A. I	Edwards-2426	Barclay St.	
18. 420.1	CAUSE	OF DEATH	Market Barrier	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	$\wedge$	6	0	A O	
(This does not mean the mode of dying, e.g.,	W (VA)	may Vec	lusiers	1 ckay	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			•••••••••••••••••••••••••••••••••••••••		
			1		
Z ANTECEDENT CAUSES (B) Pardio - Vas alor desco-B					
DISEASES OR CONDITIONS, IF ANY, GIVING				/- /-	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			V	
<u>0</u>	(C)		***************************************	••••••	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
OTHER SIGNIFICANT CONDITIONS CON-					
O THE DISEASE OR CONDITION CAUSING IT.	• • • • • • • • • • • • • • • • • • • •				
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
O 214 ACCIDENT WAS UNDER 218 PLAC	CE OF INJURY (e.g., in	or   21c. WHERE DID (	If in Baltimore City,	give exact location)	
	m, factory, street, office bldg., e			,	
21D. TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
WE	WORK NOT WHILE			-	
22. I hereby certify that I attended the d	leceased from O	10 19 YO to	m 9 190	L, that I last saw the	
		red at 2:00m., from t	the causes and on l		
23A. SIGNATURE		3B. ADDRESS	(1)1	23c. DATE SIGNED	
yithe ) woody	м. р.	2401/ Dela	n KU_	111-10.91	
TION, REMOVAL (Specify)	4c. NAME OF CEMETE		OCATION (City, town	n, or eounty) (State)	
Burial   Y1/12/51	Baltimore	e Cem., Bal	to., Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATUR	E III	25 FUNERAL DIRECTOR	. ( 0/	ADDRESS	
NOV 1 21951 The Market of Phillip	RATAIN , THE ST	1/1 mil 1/1	chever &	Sus	
VS 150		1 12		R I mi	



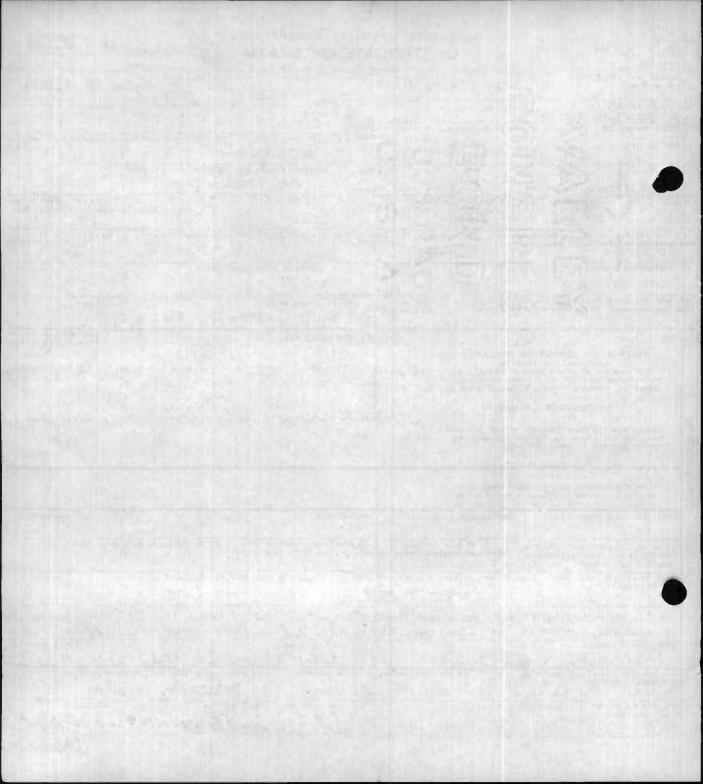
4	26
51	9708
BIRTH	NO

### BALTIMORE CITY HEALTH DEPARTMENT

54 0000

51 970 BIRTH NO.	08		CERTIFICATI	E OF DEATH	Registered 1	No.	7708
1. NAME OF DI (Type or Print)	ECEASED	Rosa Gl	aser		2. DATE OF NOVEL	mber 11	1,1951
3. PLACE OF DI A. Baltimore C B. FULL NAME HOSPITAL OR INSTITUTION	ity, Maryland		ion, give street address or location) LS AVTNUE	4. USUAL RESIDENCE (A. STATE Baryland C. CITY OR TOWN Baltimore		befo	ore admission)
c. th of st	tay in Baltimore	40	Yrs. Mos. Days	D. STREET ADDRESS (I 4144 Pimli			
female	6.COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify) ) W	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	M Under   Year on the Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of nousewill end of nous				11. BIRTHPLACE (State or foreign country) Russia 14. MOTHER'S MAIDEN NAME Dora ??			T COUNTRY?
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Louis Glaser-		odress nue	
(This does heart failure injury or DISEASES RISE TO THE UNDERLY UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	TH  If dying, e. g  ns the diseas  aused death  SES  F ANY, GIVIN  STATING TH	(B) (B)	Seconds	mien ace		VAL BETWEEN F AND DEATH
TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
21A. ACCID LYING OF CAUSE OF 21D. TIME INJURY 22. I hereb deceased all 23A SIGNAT	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  y certify that I att live on Work	218. PL/about home, (Hour) m.  m.  m.  m.  m.  19	reg M.D.	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJUI  , 19.1, to mred at 2 m., from 238. ADDRESS	the causes and on t	give exact  I that I like date st	last saw the tated above.
24A. BURIAL, C TION REMOVAL (S Burial	11/12/5	1	24c. NAME OF CEMETE Anshei Emunah		LOCATION (City, town	land	
LOCAL REGIST		C- 4/16	and Mass	Sol- planes 4	Bun1124-	26 W	

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#### BALTIMORE CITY HEALTH DEPARTMENT

51 9709

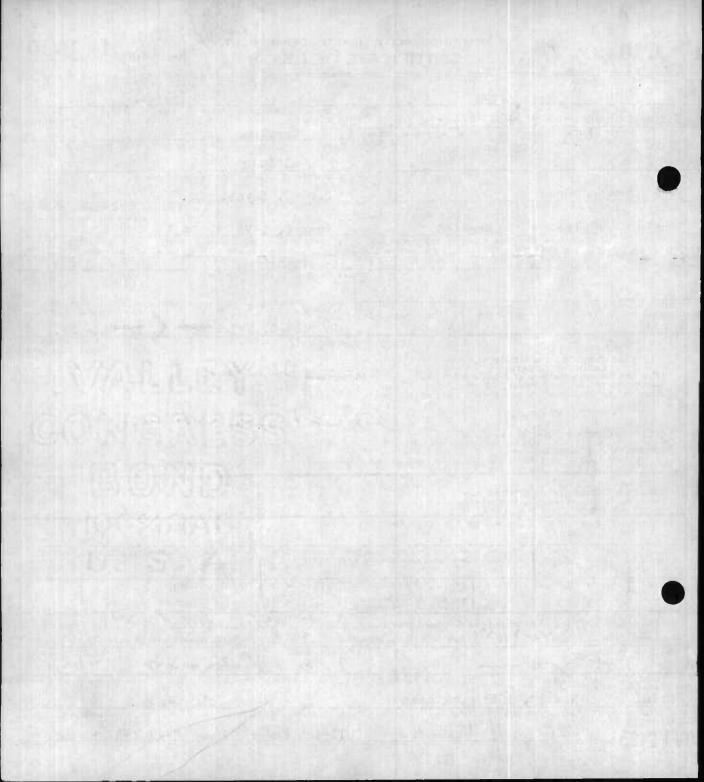
Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF John Wesley Starr DEATHNOV. 9. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 2021 E. Chase St. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2021 E. Chase St. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year last hirthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Male White Feb. 8, 1882 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Store Kep er Baltimore City Baltimore. Md. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Starr Phillipina ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No. None Mrs. Barbara Starr 2021 E. Case St. 18. 4 20.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST, (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from .. that I last saw the deccased alive on 19 and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial 1951 Parkwood Parkville, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Ullrich Funeral Home 2008 Orleans St. English File .

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1 97:0

1. NAME OF DECEASED (Type or Print)	Zwick		2. DATE OF	
3. PLACE OF DEATH: A. Baltimore City, Maryland35	29 L. Favette St.	A. STATE	DEATH NOVE (Where deceased lived.  B. COUNTY	8 1951 If institution: residence before admission)
B. FULL NAME OF (If not in hospi HOSPITAL OR INSTITUTION	tal or institution, give street address locatio	or Maryland C. CITY OR TOWN  Baltimore	(If outside corporate jin	nits, write RUKAL and give township)
	Yrs	D. STREET ADDRESS	(If rural, give location)	
c. Length of stay in Baltimore	Mos Day		ette St.	
5. SEX   6. COLOR OR RACE	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Speci Merried	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekinde) ork done during most of working life, even if retired At home	I 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME		Germany 14. MOTHER'S MAIDE	N NAME	
15. WAS DECEASED EVER IN U.S. ARME Yos, no or unknown) (If yes, give war or date	D FORCES?   16. SOCIAL   SECURITY NO.	17. INFORMANT		ADDRESS
No.	None		wick 3529 E. Fa	evette St.
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the condition of the condit of the condition of the condition of the condition of the condi	DIRECTLY TH  of dying, e. g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  (C)  ITIONS CON- NOT RELATED CAUSING IT.		la C. V. deren	ONSET AND DEATH
19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH  TIME (Month) (Day) (Year NJURY)	218. PLACE OF INJURY (e. g. about home, farm, factory, street, office bld; ) (Hour)   21E. INJURY OCCUR	g.,etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	m. WHILE AT NOT WHILE MY WORK AT WORK			
	tended the deceased from, 1957, and that death occ	urred at 1945, to		that I last saw the the date stated above.
23A. SIGNATURE	M. D.	3 YOU S	elleme by	23c. DATE SIGNED
24A. BURIAN CREMA- TION, REMOVAL (Specify) Burial Nov 12.		TERY OR CREMATORY 24		n, or county) (State)
DATE RECEIVED BY   REGISTRAR		25. FUNERAL DIRECT	Colgate, Md.	ADDRESS
OV 1 21051	ton Williamia, Milliania	Ullrich Funera		
VS 150	The property of			930



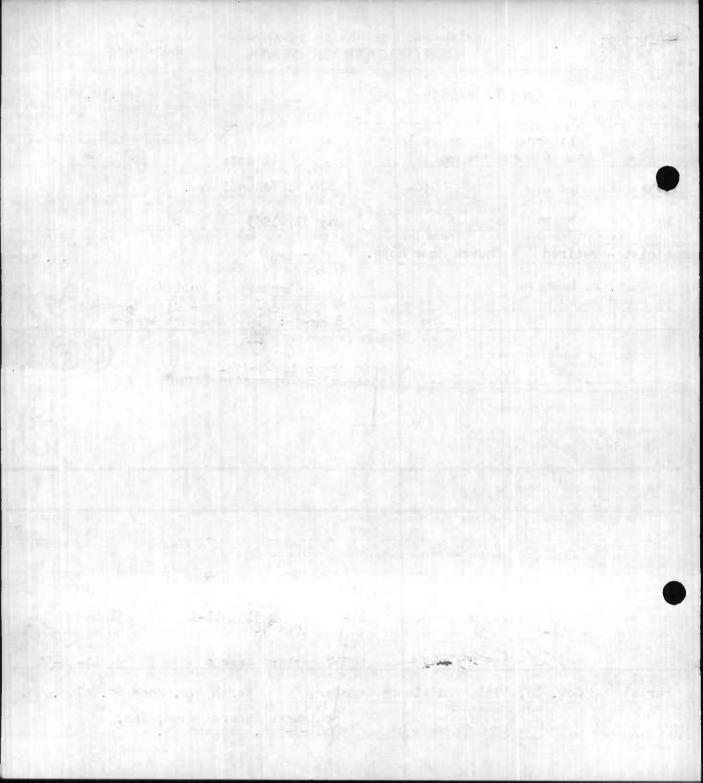
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 9711

1 18	() [ "			CERTIFICAT	E OF DEAL	H	100.
BIRTH N	0.						
1. NAME (Type or )	OF DECE		ICE A.	EARDLEY		2. DATE OF DEATH NOV.	9, 1951
s. PLACE a. Baltin	of DEATH	Maryland 7	40 N. K	enwood Ave.	A. STATE	ENCE (Where deceased lived, I B. COUNTY	
B. FULL I HOSPITA INSTITUT	NAME OF L OR	(If not in hospit	al or instituti	ion, give street address or location)	c. CITY OR TOWN		its, write RURAL and give
111311101	TON					ltimore	7 - O 2 township
c Lengt	h of stay	in Baltimore	life	Yrs. Mos.		O N. Kenwood Ave.	
5. SEX		OLOR OR RACE	7. SINGLE	Days  E. MARRIED.  ED, DIVORCED (Specify)	8. DATE OF BIRTH	1 9 AGE (In years)	II fluder 1 Year   II fluder 24 House
fema	le	white		single	Oct. 30, 188	54 67	fonths Days Hours Min.
ork donedur	AL OCCUP ing most of worl usewif	ATION (Give kind of ting life, even if retired)		OF BUSINESS OR INDUSTRY	Baltimor	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	ER'S NAME		0.	o mome	14. MOTHER'S MA		U.S.A.
		Solomon E				Louisa Hende	rson
15. WAS D	ECEASED EV	ER IN U.S. ARMEI f yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT Lillian M. I	King, neise, 322	Elrino St.
18.	53X			CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEA	R CONDITION	TH				3 months
hea	rt failure, as	mean the mode of thenia, etc. It mea	ns the disease	e,	us carly		Justina
111)1		plication which o		.) DUE TO			, ,
2		ECEDENT CAUS		(B) car	inous of	signord.	3 40.
RIS	E TO THE A	CONDITIONS, II BOVE CAUSE (A) CONDITION LA	STATING TH	G E DUE TO			
5		CONDITION EX		(C)	***************************************		
OT	IED CICN	II COUR					
I TRI	BUTING TO	FICANT CONDITHE DEATH, BUT	NOT RELATE	D			
	ATE OF O			FINDINGS OF OPER	RATION		20. AUTOPSY?
5	ACCIDENT		I as a a	CE OF IN HIRW /	i ore waters	/T.5 1 To 141 City	YES NO
LYIN		WAS UNDER. NTRIBUTING	about home, f	CE OF INJURY (e. g., arm, factory, street, office bldg.,	n or 21c. WHERE D		give exact location)
T. T	IME (Mon	th) (Day) (Year)		21E. INJURY OCCURR	March 1999 Committee of the Committee of	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
22. I	hereby co	rtify that I att	conded the	deceased from	rred at [ or m.	to use 9, 19	that I last saw the
	IGNATURE		hal		3B. ADDRESS	wood an.	23c. DATE SIGNED
TION, REM	RIAL, CREM	у)		24c. NAME OF CEMETE		24b. LOCATION (City, town	
	rial	Nov. 13,		Baltimore Cem		North Ave. & Rose	
	EGISTRAR		1 10 1 1	Leaved, Alab	Schimunek I	Funeral Home, Inc	ADDRESS
NUV	17177	-		1.1	2601-3-5 E	Madison St.	

51	3
ND	-153803
BIRTH	No. 116

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

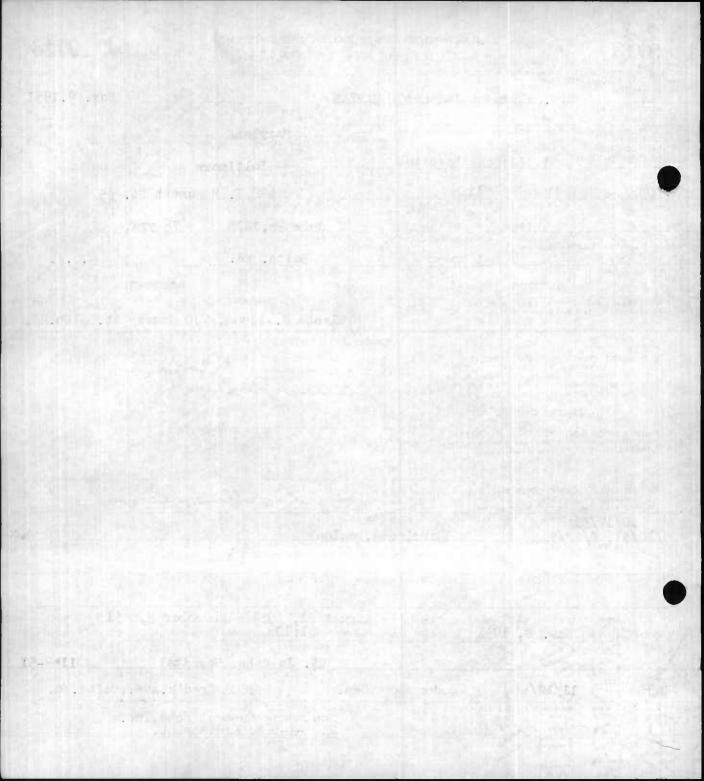
1. NAME OF (Type or Prin	+)	7			2. DATE OF	37
3. PLACE OF	John	W. Lai	mbdin	I 4 UCUAL PECIDE	DEATH	Nov.10,1951
	e City, Maryland			A. STATE	B. COUNT	red. If institution: residence TY before admission)
B. FULL NAN	IE OF (If not in hospit	al or institut	ion, give street address or	Mary		A
INSTITUTION	A STOTINGT &			c. CITY OR TOWN		limits, write RULAL and give township)
3 1	4940 Easte	rn Aver		Balti		0 01
- Oath o	f stay in Paltimona		Yrs. Mos.	429 N. Ken	ess (If rural, give location	on)
5. SEX	f stay in Baltimore	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH		ars   If Under 1 Year   If Under 24 Hours
Male	White	Widow	/ED, DIVORCED (Specify)	May 31, 188	3 last birthday	y) Months Days Hours Min.
rork done during m	OCCUPATION (Give kind of oct of working life, even if retired)  t - retired	Churc	h Home Hosp.		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER		Onai C.	it none nosp.	Maryland	IDEN NAME	U.S.
	as. E. Lambdin				ce G. Rutter	
15. WAS DECE Yes, no or unknown	ASED EVER IN U. S. ARME (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT B	altimore City 940 Eastern Av	Hospitals enue
18. 14 9	211		CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION					ONSET AND DEATH
(This d	LEADING TO DEA	TH of dying, e.s	Arterios	sclerotic Car	rdio-vascular stive Failure	Over 1 Mo.
	ailure, asthenia, etc. It mes or complication which o		e, DISCASE	e with Conges	stive Failure	
	ANTECEDENT CAUS	EEC				
z	ANTECEDENT CAU	, ,	(B)			
DISEAS	SES OR CONDITIONS, 1	F ANY, GIVIN	IG IE DUE TO			
UNDER	RLYING CONDITION LA	ST.	(C)			
			(0)			
	SIGNIFICANT COND	TIONS CON	d.,			
TRIBUT	ING TO THE DEATH, BUT	NOT RELATE	D			
			FINDINGS OF OPER	ATION		20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N	0					YES NO X
LYING	OR CONTRIBUTING	21B. PLA	ACE OF INJURY (e. g., i farm, factory, etreet, office bldg.,	21c. WHERE D	(If In Baltimore R?	City, give exact location)
S CAUSE C	DF DEATH  (Month) (Day) (Year	(TI)	21E. INJURY OCCURR	ED 01- UOW DID	INJURY OCCUR?	
D. TIME			WHILE AT NOT WHILE AT WORK		INJURY OCCURY	
22. I her	reby certify that I at			-9 19 5	11to 11-10	19.51 that I last saw the
deceased	alive on 11-10	19 51	and that death occur	rred at 10a m.		on the date stated above.
23A. SIGI		- /		3B. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23c. DATE SIGNED
	C.S.	00	5 M. D. 4	1940 Eastern	Avenue	11-10-51
24A. BURIAL TION REMOVA	CREMA- 248. DATE	9	24c. NAME of CEMETE	RY OR CREMATORY	240. LOCATION (City,	town, or county) (State)
Buria	Nov. 13,	1951	Baltimore Cen	netery	North Ave. &Ros	se St. Balto. Md.
DATE RECEI	OTDAR	0 11 1		25. FUNERAL DIR	ECTOR	ADDRESS
NOV 1 2	1951 Lutter	ton NU	liania, M.S.	2601-3-5 E	uneral Home, I Madison St.	nc.
VS 150				7	TARTING DE	000
			544	18T		75%



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RIPT	H NO

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 9713

B	IRTH NO.			CERTIFICAT	E OF DEATH	are Sastered .	
	NAME OF D	ECEASED				2. DATE	
(1	Type or Print)					OF	0 -0
-	PLACE OF D	Mrs. Flo	rence	leannette HART	AN	DEATH	Nov. 9, 1951
		City, Maryland			4. USUAL RESIDENCE ()	B. COUNTY	before admission)
_	FULL NAME		al or institut	ion, give street address or	Wo meel o m d		
H	OSPITAL OR			location)		f outside corporate linff	ts, write RURAL and give
11	ISTITUTION	O4 7-		T			(ownship)
44		St. Jo	sephs	Hospital	D. STREET ADDRESS	re.	
				Yrs. Mos.	D. STREET ADDRESS (II	rural, give location)	
C.	Length of s	tay in Baltimore	lif	Days	2620 E	Monument St.	45
5.	SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If buller I Year   If Under 24 Hours
				ED. DIVORCED (Specify)			onths Days Hours Min.
10	Female	White		Vidow	June 26, 1875	76 yrst	
wor	k done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	H wf		at h		Balto. Md.		U.S.A.
13	B. FATHER'S		0.0 11	Ome	14. MOTHER'S MAIDEN N	AMF	0.0.11.
		unknow	2			unknown	
						UIIMIIOWII	
15	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Α	DDRESS
(10	m, no or unknown)	(11 year, give war or date	s or service)	SECURITY NO.	Cleota J. Wilson,		
_	1				oregon of writing,	100	
	18. 15.	3X .		CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
	DISEA	SE OR CONDITION	DIRECTLY				The second second
		LEADING TO DEAT	TH	Car	comma -	Colon-	
	lieart failt	s not mean the mode oure, asthenia, etc. It mea	of dying, e. 1	S., (A)			
	injury or	complication which	aused death	DUE TO	ence flixe	u	
		ANTECEDENT CAUC					
7		ANTECEDENT CAUS	DES				
ō	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)		***************************************	
F	RISE TO 1	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
CA	UNDERL	YING CONDITION LA	IST.				
F							
Drink	100	11		(C)			
ERT		SIGNIFICANT CONDI			level To	ioscleros	
CE		G TO THE DEATH, BUT			and and	work the same	
,					RATION		20. AUTOPSY?
AL	1 1	: 8/28/51		Camainama	olon		YES NO X
EDICA	ZIA. ACCIDI	ENT. SUICIDE.	218. PL.A	Carcinoma, C	n or 21c. WHERE DID	If in Baltimore City,	100
0	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		,,,,,,
F							
	21b. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
K	TINJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from Aus	gust 21, 11951, to No	ovember 9,19	that I last saw the
	deceased a	line on Nov. 8.	1951	and that death occur	rred at 1:10am., from t	the causes and on t	he date stated above.
	234-STIGNA				38. ADDRESS	. The ottered of the other	23c. DATE SIGNED
	1011	/	000-				
-		udient (	reec	M.D.	St. Josephs. H	ospital	or county) (State)
TI	AA. BURIAL.	CREMA- 24B. DATE			RY DR CREMATORY 24D. L		
	Burial	11/12/51	I	oudon Park Cer	m. \$801	Fred'k.Ave.,	Balto.Md.
D	ATE RECEIVE	D BY   REGISTRAR	S SIGNATL	RE	25. FUNERAL DIRECTOR		ADDRESS
L	OCAL REGIST	RAR	16111		Schimunek Funer	al Home Inc.	
1	101 213	DITT FOR TEN	Milia	did Mills	Schimunek Funer 2601-3-5 E. Mad	ison St.	
	VS 150				7 - 1		11-



6	27
-10	Corra A
DIRTH.	NO

1. NAME OF DECEASED (Type or Print)

A. Baltimore City, Maryland

3. PLACE OF DEATH:

MRS. MARY

ANNE

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

KNUDSEN

before admission)

Registered No.

DEATH NOVEMBER 12

2. DATE OF

4. USUAL RESIDENCE (Where dcceased lived. If institution: fesidence

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or	nó.
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAT, and give
1675. Day ley Are	13a/to. 8-0-0
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	1675. Darley Ave
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9/AGE (In years     Under I Year     Under 24 Hours   Months: Days   Hours   Min.
M married.	Oct 17-19871 64
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Houseyxi Pe byy Home	Balto City LSA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Gross yak	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
N6	MY Edwin KNUDSAN 1675 Dazler Ave
18. 443 X CAUSE	OF DEATH ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	monary (dena / low.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	1 11 1 . 1 . 1
Z DISEASES OR CONDITIONS, IF ANY, GIVING	- Vascular Hypertensie Deene 5 years
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
ONDERETHOR CONDITION EXST.	usaleroue 5 year
<u>L</u>	
OTHER SIGNIFICANT CONDITIONS CON-	0 /
TO THE DISEASE OR CONDITION CAUSING IT.	weeks 25 years
1 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
U 210 BLACE OF INTUINY (* - :	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	ve. , 1948, to Nov. /2, , 1951, that I last saw the
	red at 4:25A.m., from the causes and on the date stated above.
	3B. ADDRESS 23C. DATE SIGNED
Michael J. Daresch M.D.	+ 636 Belair Moad 11/12/51
24A. BURIAL, CREMA 24B. DATE 110N, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 10 3/ /24 manue	1 Cernelay /Salto. Mod
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR HODRESS
WUV 1 21951   4 hundred stook / Williams, Mills	Lassalm Jemes Home 7401 Balain 164c
VS 150	5 81 8 9
	61

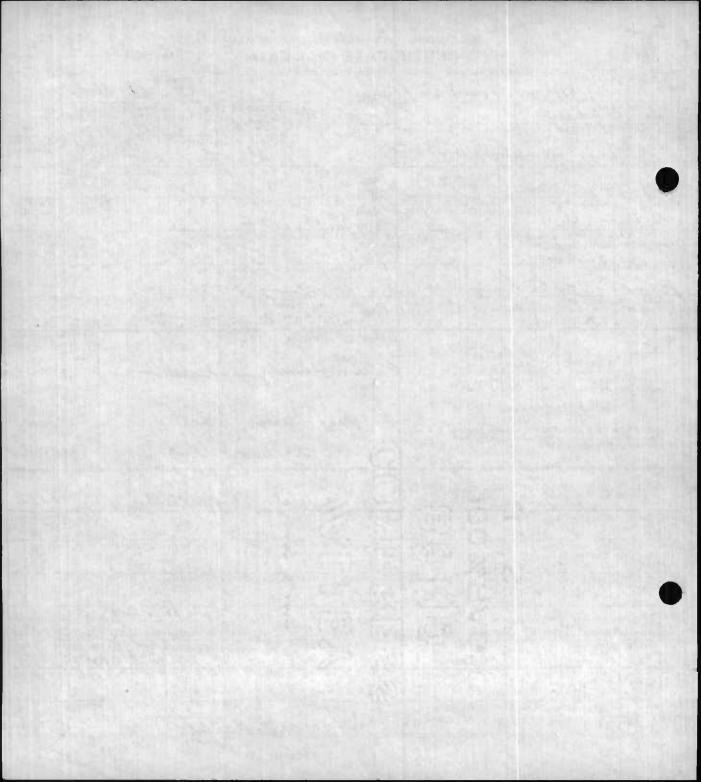
352 1 9715 BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9715

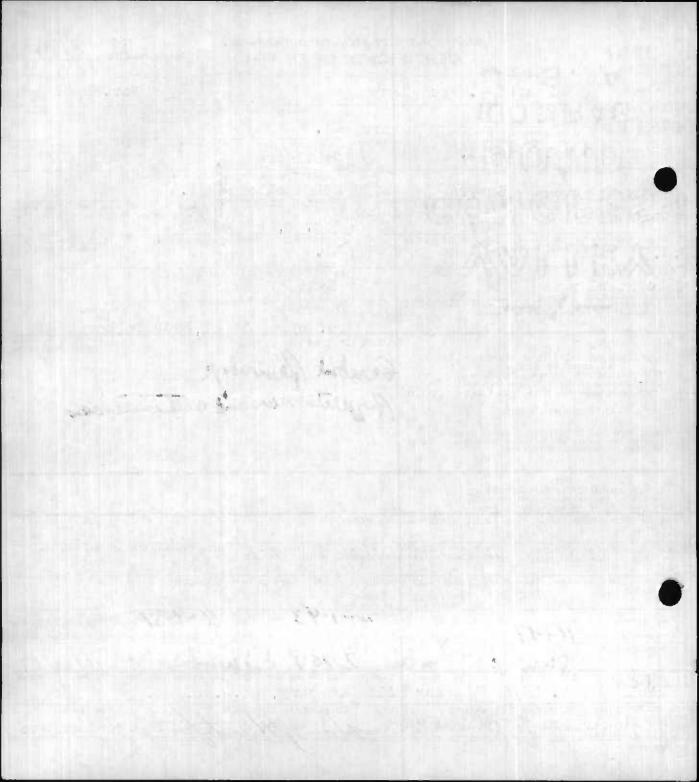
1310

CERTIFICATE	OF DEATH Registered No.
Type or Print) William Katen Kamp	2. DATE OF DEATH 14-10-5-1
B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
NOSPITAL OR NSTITUTION Union Memorial Harpital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
gth of stay in Baltimore \$-5-7 (Yrs.)  Mos. Days	D. STREET ADDRESS (If rural, give location)  3703 Eolina Rd
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (In years last birthday)  1 Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Francis Katinkans	14. MOTHER'S MAIDEN NAME  Mars Haffman
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	The Ster Katenkamp, 3703 Ednor Rd.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Autimate (A) Autimate (B) CAUSE (C) COUNTY (	orchetic least desire ? years on attervaleuris ? year
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	prostatic hypothophy ? years  20. AUTOPSY?  YES P NO []
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., ot	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY  m. WHILE AT NOT WHILE AT WORK	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 10, 1951, and that death occurr 23A. SIGNATURE 23	red at 11 = m., from the causes and on the date stated above.  38. ADDRESS Comm Museum (FF): 23c. DATE SIGNED  Boltomer & May Low (95)  RY OR CREMATORY 240. LOCATION (City, town, or county) (State)  LCOME tery Bel Air, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	January W. W. Little 101 Indmondson Av



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 9716

ACQUIRATION 3800 Colborne Rd.  Description Rd	BIRTH NO.	E OF DEATH
A BAILTON CITY, Maryland  Baltimore (City, Maryland  Baltimore (City, Maryland  Baltimore)  Baltimore (City, Maryland)  Baltimore (City, Baltimore)  Bal	NAME OF DECEASED Hargaret E. Bredekamp	of Nov. 9/51
AN BERITATION 5800 Colborne Rd.    Collog of Race   7. Sincle Married   2. Solid   2. So	a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
Description of stay in Baltimore 65 yrs Days 3800 Colborne Rd.  SEA COLOR OR RACE 7. SINGLE MARRIED.  OC. USUAL OCCUPATION (Girkhiedr) 10s. KIND OF BUSINESS OR INDUSTRY 11d.  1. SEA COLOR OR RACE 10s. KIND OF BUSINESS OR INDUSTRY 11d.  1. INTERLACE (State or foreign country) 11d. Color of WHAT COUNTRY 11d.  1. MOTHER'S MAIDEN NAME  JAKE MENT 11ng  S. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL TO THE WAY OF MARKED AND COLOR OF THE WAY OF THE WAY OF MARKED AND COLOR OF THE WAY OF MARKED AND COLOR OF THE WAY OF TH	NSTITUTION 3800 Colborne Rd.	Daltimore (6-0 8 township)
Oct. 4.1876  Interval Days Hours Min.  Oct. 4.1876  Oct. 4.1876  Interval Days Hours Min.  Oct. 4.1876  Oct. 4.1876  Interval Days Hours Min.  Oct. 4.1876  Interval Days Hours Min.  Interval Days Hours Min.  Oct. 4.1876  Interval Days Hours Min.  Inter	Length of stay in Baltimore 65 yrs Mos. Days	
ALGORITHM STATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  UNDERLYING CONDITIONS. IF ANY, GIVING RISE TO THE RISE OF CONDITION CAUSING IT.  18. ACCIDENT WAS UNDER.  LY ALGORITHM STATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  LY RISE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED N. INJURY OCCURRED N. INJURY OCCURRED N. INJURY OCCURRED N. Injury Occurred to the disease of	L'emale   White   Widowed, Divorced (Specify)	last birthday) Months; Days Hours; Min.
Jake Mehrling  S. WAS DECEASED EVER IN U. S. ARRED FORCES?  To not unknown) (If yee, give war or distes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, cit. It means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF AN, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DISEASES OR CONDITIONS, IF AN, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  19A. DATE OF OPERATION)  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? VES   No  21A. ACCIDENT WAS UNDER. LYINGID OR CONTRIBUTING: Shout bome, ferm, factory, street, office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCUR?  WHILE AT NOT WHILE INJURY OCCUR?  221. ADDRESS  222. ADDRESS  223. DATE SIGNATURE  224. NAME OF CERTETERY OR CREMATORY (24D. LOCATION (City, town, or county)) (State)  10ATE RECEIVED BY REGISTRAR; SIGNATURE  225. GONERAL DIRECTOR  A. A. GO. ID)  ADTER RECEIVED BY REGISTRAR; SIGNATURE  225. GONERAL DIRECTOR  ADDRESS  195. SONERAL DIRECTOR  ADDRESS  19	uk-deneduring most of working life, even if retired)	
18. 33/X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS, IF ANY, GIVING ANTECEDENT CAUSES  DISEASES OR CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER:  LYNNE OR CONTRIBUTING:  AND ADDRESS  21B. PLACE OF INJURY (e.g., in or LYNNE) OR DEATH  AT WORK  22. I hereby certify that I attended the deceased from Willed To the Causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  23A. SIGNATURE  23B. DATE  23C. NAME OF CEMTERY OR CREMATORY  23B. ADDRESS  23C. DATE SIGNED  AT RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING ON THE COLUMN OF COUNTY) (State)  AND ATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  AND ATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY) (State)  ADATE RECEIVED BY REGISTRAR'S SIGNATURE  25D. FUNDING OR CREMATORY COLUMN OF COUNTY OR CREMATORY COLUMN OF COUNTY OR CREMATORY COLUMN OF COLUMN O		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthemia, etc. Limeans the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY CIVING PISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF OPERATION  20. AUTOPSY?  VES NO  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSING IT.  21b. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING CAUSING IT.  21c. WHERE DID INJURY OCCUR?  21n. Work Homes, form, foctory, street, office bidg., etc.)  CAUSE OF DEATH  221. I hereby certify that I attended the deceased from While AT WORK  222. I hereby certify that I attended the deceased from Majury occurred at Majury occur?  223. SIGNATURE  224. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) (State)  AA. BURIAL. CREMA: 248. DATE OVA 12/51  COLAIR ERCEIVED REGISTRAR; SIGNATURE  25. EVINERAL DIRECTOR  AA. CO. ID.  ADATE RECEIVED REGISTRAR; SIGNATURE  25. EVINERAL DIRECTOR  ADATE RECEIVED ADDRESS  25. EVINERAL DIRECTOR  ADDRESS	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, no or unknown) (11 yes, give war or dates of service) 16. SOCIAL SECURITY NO.	
TO THE DISFASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  VES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.)  CAUSE OF DEATH  10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  NOTING (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from Month of the date stated above 22A. SIGNATURE  23A. SIGNATURE 23B. ADDRESS  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 10A. BURIAL, CREMA. 14B. DATE 10A. BURIAL 10	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) CAUSE OF DEATH  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22c. I hereby certify that I attended the deceased from the deceased alive on the deceased alive on the deceased from the deceased alive on the deceased from the deceased alive on the deceased alive on the deceased from the deceased alive on the deceased alive on the deceased alive on the deceased from the deceased alive on the deceased from the deceased alive on the deceased alive on the deceased alive on the deceased alive on the deceased from the deceased alive on the deceased from the deceased alive on the deceased alive on the deceased from the deceased alive on the deceased from the deceased fr	TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
22. I hereby certify that I attended the deceased from 4, 19, to 5/19, that I last saw the deceased alive on 6, 19, and that death occurred at m., from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)  10N, REMOVAL (Specify) 10V. 12/51 Cedar Hill Cemetery, A.A.CO. MD.  25. EUNERAL DIRECTOR ADDRESS  NOV 1951 MILLIAM ADDRESS  25. EUNERAL DIRECTOR ADDRESS  NOV 1951 MILLIAM ADDRESS  ADDRE	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., of CAUSE OF DEATH  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., of CAUSE OF DEATH  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., of CAUSE OF DEATH ADDITIONAL ADDITI	n or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?
24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) 10N. REMOVAL (Specify) 10V. 12/51 Cedar Hill Cemetery, A.A.CO. MD.  ADDRESS NOV 1 21951 ADDRESS NOV 1 21951 ADDRESS NOV 1 21951 ADDRESS	22. I hereby certify that I attended the deceased from deceased alive on 19, 19, and that death occur 23A. SIGNATURE	red at m., from the causes and on the date stated above.
NOV 1 21951 Limite for Millians, Mill Harry H with feel admondson Ave	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	Cemetery, A.A.CO. MD.
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	VS 150	\$3a



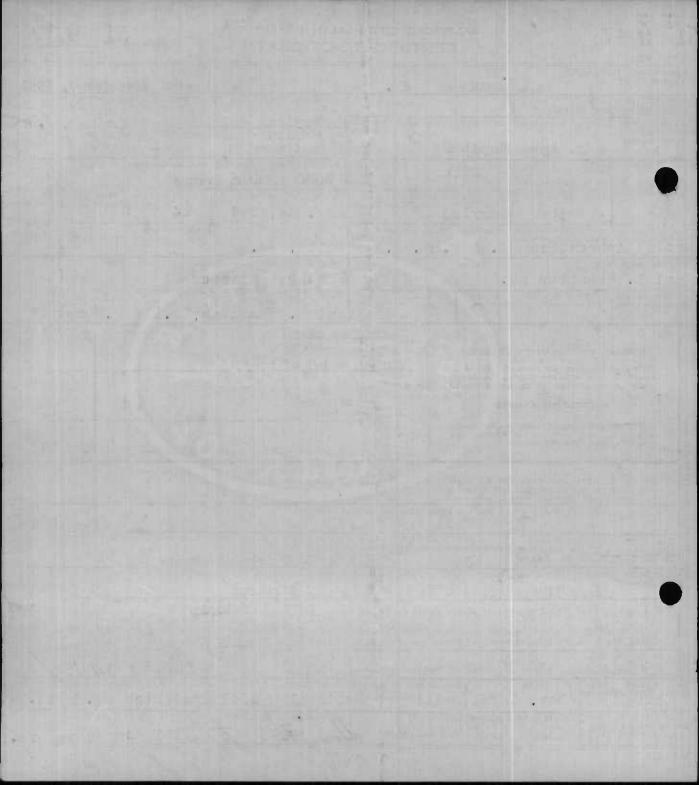
Registered No. 3747

164c V

BI	RTH NO.								
	NAME OF D ype or Print)	ECEASED	PAUL	SHANAH	AN JI	c.		2. DATE OF DEATH NOVE	mber 9, 1951
3. A.	PLACE OF D Baltimore	EATH: City, Mar	yland				4. USUAL RESIDENCE (W	Where deceased lived, If B. COUNTY	institution: residence before admission)
B. H0	FULL NAME OSPITAL OR ISTITUTION	OF (If	not in hospit	al or instituti Hospita		t address or location)	Maryland c. All Dation (If Baltimore	outside corporate limit	write RURAL and give township)
c.	gth of s	tay in Ba	altimore	Li:	îe	Yrs. Mos. Days	5030 Arbutus A		
5.	sex Male		or RACE		MARRIED, ED, DIVORC		8. DATE OF BIRTH Aug. 24,1927	9. AGE (in years last birthday) Mo	f Under 1 Year   H Under 24 Hours nths; Days Hours Min.
worl	done during most	of working life	even if retired)			ESS OR INDUSTRY	11. BIRTHPLACE (State or for Balto.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S		. 63.				14. MOTHER'S MAIDEN N.		
			han Sr				Barbara Stron	ler	
(Ye	. WAS DECEAS s, no or unknown)	ED EVER IN	U, S. ARMEI	FORCES?	16. SOCIA SECUR	RITY NO.	17. INFORMANT	en.Sr.114 S	DDRESS
	(This doe heart fail	LEADIN s not mear ure, astheni	ONDITION G TO DEA the mode a, etc. It mea	DIRECTLY TH of dying, e. g ans the disease caused death	., (A) E	Bullet	OF DEATH wound of head	Section 1	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO UNDERL	S OR CON THE ABOVE YING CON	CAUSE (A)	F ANY, GIVIN	G DUE TO				
ERT	TRIBUTIN	G TO THE	DEATH, BUT	NOT RELATE	D				
U	19a. DATE (			98. MAJOR		OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. EXTER UNDERLYIN UTING [] 21D. TIME F INJURY	(Month) (	CONTRIB- F DEATH. Day) (Year)	home (Hour) 2	IE. INJURY	et, office bldg., e	5030 Arbutus 21F. HOW DID INJURY		give exact location)
	the ev	fy that I idence ob eath in m	took char tained by	ge of the	remains de	escribed a	bove, held an Autor Autopsy, nquiry, find that said de   , accident   suicide	Inspection or Inquiry eccased died on the X. homicide []. u	indetermined [].
	23A. SIGNA	TURE ule	7/8.	Our	each		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER X	11/9/51
TIC	BUTLET	Specify) 7	48. DATE					Prederick	or county) (State) Rd.Balto.Hd
D. L.	TE RECEIVE DCAL REGIST			S SIGNATU		S. S.	arry H. with	1/e4101 -dm	address ondson Ave
V	S 151			*	11	1	11.		11.1.

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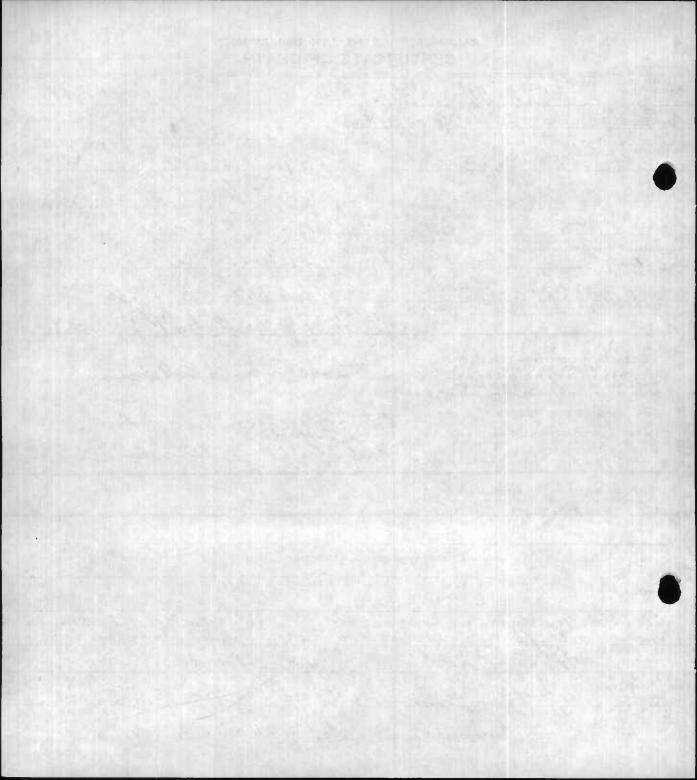
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54 9748

1 9/10	CEDILLICATI	OF DEATH	Registered No	
IRTH NO.	CERTIFICATI	- OF DEATH	Registered No	
NAME OF DECEASED May, The Type or Print)	1. Seidenst	ticker	2. DATE OF DEATH	0/51.
. PLACE OF DEATH: . Baltimore City, Maryland, 75°	Octomae 11-	4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	stitution : residence before admission
OSPITAL OR	titution, give street address or location)			
J. Folom	ac,	Battimore		township
Longth of gtax in Bultimone	Yrs. Mos.	11 11 11 1	. / /	_
SEX A 6.COLOR OR RACE   7. SI	NGLE MARRIED.	A. OATE OF BIRTH	9. AGE (In year) If U	der 1 Year   Il Under 24 Hours
male jour	Millowed	apr/2,1874	77	
DA. USUAL OCCUPATION (Give kind of 10 lb. lck done luring and at of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	12 offeren	reign country	WHAT COUNTRY
3. FATHER'S NAME	on ge		ME /	7, 0.
Clothe Cours	fla.	Margaret.	Hayl	1
5. WAS DECEASED EVER IN U. S. ARMED FORCE		18 May 1 M. Wo	derlik 150	Stain St.
18. 420.0		OF DEATH	- Contract of	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY 07-	- 0. +-	· +1	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the	isease,	issellalis &	earl diseas	<b>2.</b>
	(B) Arles	resclerate cores	Leanne	
RISE TO THE ABOVE CAUSE (A) STATIN	G THE DUE TO	discamo		
	(C)	ruged as	crossing	
OTHER SIGNIFICANT CONDITIONS	CON.			
TRIBUTING TO THE DEATH, BUT NOT RE	LATED			
194. DATE OF OPERATION   198. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
214 ACCIDENT WAS UNDER.   218	PLACE OF INJURY (6. g., i	or 21c. WHERE DID (I	in Baltimore City, giv	YES NO 2
LYING OR CONTRIBUTING about	nome, farm, factory, street, office bldg.,	te.) INJURY OCCUR?		
	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	1. and that death occur	red at 16 2 pm., from th	ie causes and on the	date stated above 23c. DATE SIGNED
John 1	med M.D.	14n Easton	7 -24	11-12-51
AA. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	2 U VN	CATION (City, town, o	(State)
livial 1/1/4/31.			10001 10011	ADDRESS )
ALL RECEIVED BY REGISTRAR'S SIGN	NATURE	20. FUNERAL DIRECTOR	1 1 1	ADDRESS /
C	RTH NO.  NAME OF DECEASED Spe or Print)  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or ine operation)  Length of stay in Baltimore  SEX 6. COLOR OR RACE 7. SIT WILL  A. USUAL OCCUPATION (Give kind of dendituries as a for working life, even if rotired)  TATHER'S NAME  (If yes, give war or data of dervice as a form of the man the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of minury or complication which caused of the complete of the man the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the complete of the ABOVE CAUSE (A) STATIN UNDERLYING CONDITIONS, IF ANY, or RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING TO THE DEATH, BUT NOT RETO THE DEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA  21A. ACCIDENT WAS UNDERLYING 19B. MA  21A. BURIAL CREMA 24B. DATE 18B. DAT	RTH NO.  NAME OF DECEASED ype or Print)  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in logosital or institution, give street address or Josepital Original Original Original Original Original Original Original Original Original Origi	CERTIFICATE OF DEATH  NAME OF DECEASED Dyes or Print)  PLACE OF DEATH.  Baltimore City, Maryland  FULL NAME OF City in to in togotial or institution, give street address or location)  SPITAL OR  SEX  S. COLOR OR RACE  7. SINGLE MARRIED.  WIDOWED, DNORCED Spicity  MAS DECEASED EVER IN U.S. AMEDITORES  TATHER'S NAME  12. MAS DECEASED EVER IN U.S. AMEDITORESS  WAS DECEASED OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. R., beart failure, asthenia, e.c. It means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  19A. DATE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A ACCIDENT WAS UNDER.  LYINGL OR CONTRIBUTIONS  21B, PLACE OF INJURY (e. g., in or 10 Text of	RETIFICATE OF DEATH  NAME OF DECEASED  NAME OF DECEASED  PLACE OF DEATH  A. USUAL RESIDENCE (Where deceased lived. If in a STATE OF DEATH)  SEX  G. COLOG OR RACE  TYPE  A. USUAL COLUMN IN INSTITUTION  SEX  G. COLOG OR RACE  G. COLOG OR RACE  G. COLOG OR RACE  THE OF DEATH  DEATH  A. USUAL COLUMN IN INSTITUTION  SEX  G. COLOG OR RACE  G. COLOG OR RACE  G. COLOG OR RACE  THE OF DEATH  A. USUAL COLUMN IN INSTITUTION  SEX  G. COLOG OR RACE  G. COLOG OR RACE  G. COLOG OR RACE  THE OF DEATH  A. USUAL COLUMN IN INSTITUTION  SEX  G. COLOG OR RACE  G. COLOG OR RACE  G. COLOG OR RACE  THE OF THE



51 9749 Registered No.

SONS, INC ADDRESS

BIRTH NO 1. NAME OF DECEASED 2. DATE. OF NOV. 10, 1951 (Type or Print) JULIA MAE EHRHART 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Maryland A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION downship) 401 E. North Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 401 E. North Avenue agth of stay in Baltimore Life 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Married 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours: Min. June 10, 1885 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? lousework at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Galster George W. Mosner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT 401 E. North Avenues SECURITY NO. Mr. Walter F. Ehrhart no none NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Jupolism LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 3 west-DISEASES OR CONDITIONS, IF ANY, GIVING Barcuma Uterus i hatastasis RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT 4/23 , 1947, to 11/10 , 1951, that I last saw the 22. I hereby certify that I attended the deccased from\_\_\_ deceased alive on 1/3, 19 57; and that death occurred at 74. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS umi 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Loudon Park Cemetery burial Baltimore, Md.

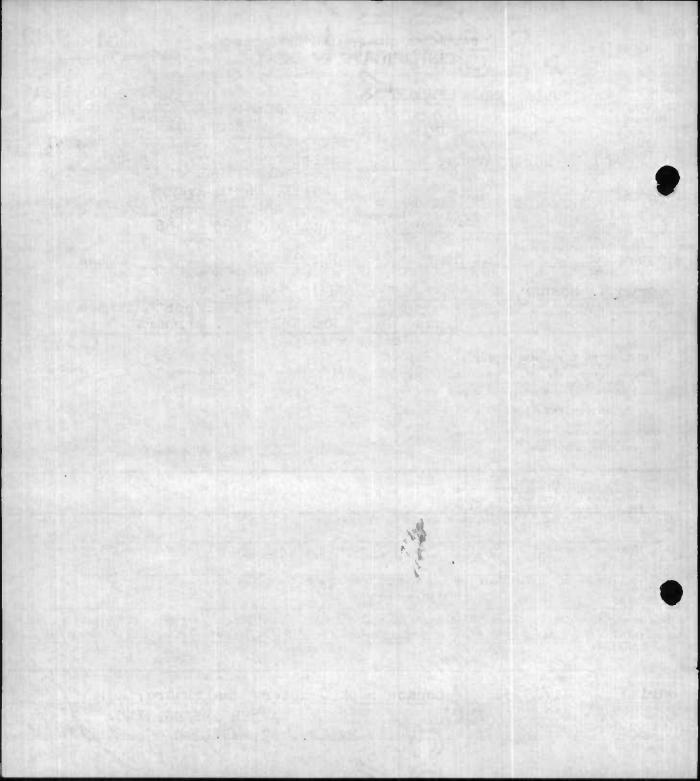
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DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Torn I minaster, M.S.

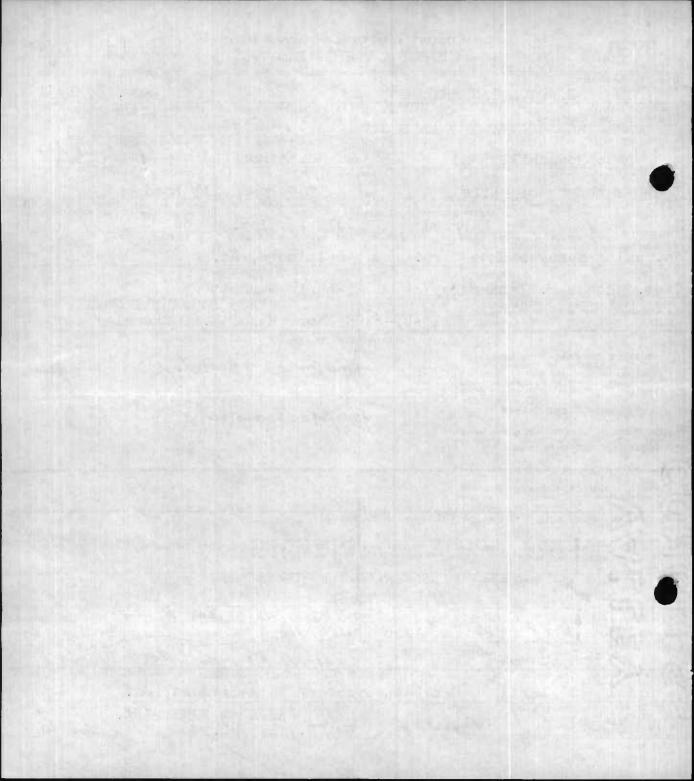


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9720

1. NAME OF DECEASED (Type or Print) 2. DATE DEATH NOV. 8, 1951 T. PAUL TANKERSLEY 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH a. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN NSTITUTION township) 1205 Roundhill Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. . Length of stay in Baltimore 1205 Roundhill Road Life Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year 8. DATE OF BIRTH last birthday) | Months: Days | Hours: Min. July 15, 1891 Married OA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. Gen. sales manager Shoe Corp. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Barnett Capt. Thomas H. Tankersley 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es, no or unknown) (If yes, give war or dates of service) 17. INFORMANTI 205 HOUNGALL ADORESS 16, SOCIAL Mrs. Hazel E. Tankersley no INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND OFATH Appertersion DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NJURY 196 to Leo 8 , 19%, that I last saw the 22. I hereby certify that I attended the deceased from 200. 2 deceased alive on Roy & 19/1. and that death occurred at 7.44 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23£ DATE SIGNED 24A. BURIAL, CREMA-TON, REMOVAL (Specify) Durial 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery Baltimore, Md. ADDRESS DATE RECEIVED BY SONS. INC. MD. VS 150



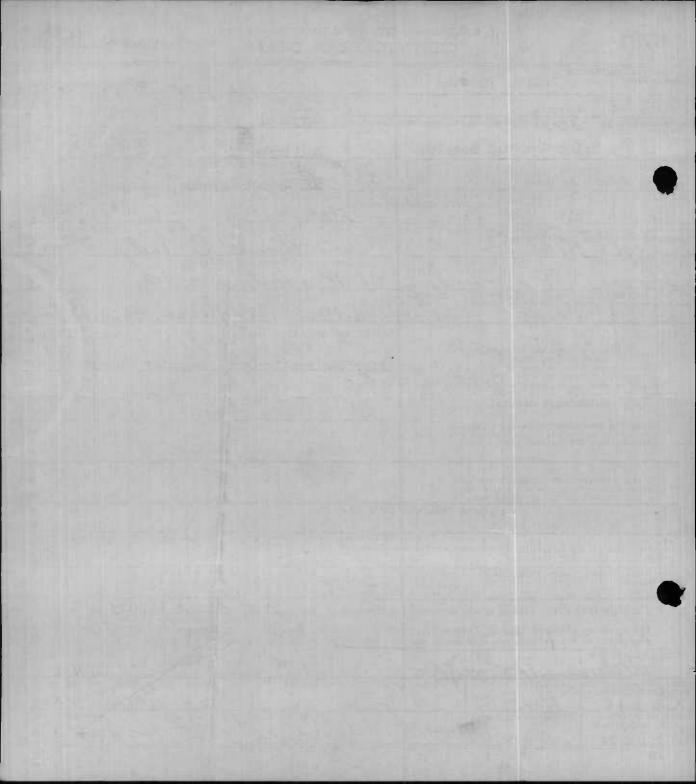
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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 9721

CERTIFICATE OF DEATH BIRTH NO.

1. NAME OF (Type or Print			2. DATE OF	
	DANTED DOMBITOE		DEATH NOVE	nber 9, 1951
3. PLACE OF A. Baltimore	e City, Maryland	4. USUAL RESIDENCE (W	B. COUNTY	before admission
B. FULL NAM			autoida aamamata limit	
INSTITUTION	··	C. CITT ON TOWN	butside corporate iimits	s, write RURAL and give township
THE CALL		Baltimore D. STREET ADDRESS (If r	cural give location	91
c. Ogth o	Yrs. Mos. f stay in Baltimore Days	508 Wyanoke Av		
5. SEX	6. COLOR OR RACE   7. SINGLE, MARRIED.	8 DATE OF BIRTH	9. AGE (In years If	Under 1 Year   It Under 24 Hours
Male	White WIDOWED DIVORCED (Specify	Ster. 1-1894	56	nths Days Hours Min.
	OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
Trocke	eld Kolm Ko-	Dallemore	Go. ma.	
13. FATHER	S NAME	14. MOTHER'S MAIDEN NA	NIE /	
Huor	nas A. Al makul	Dredget of	Tonahue	
15. WAS DECE	ASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	/ AI	DDRES6
Ucs	W.W.#1 317-07-8016	MRS (MARY /	ewns 463	Selawar
118. 4	22.1 . CAUSE	OF DEATH		INTERVAL BETWEE
DISI	EASE OR CONDITION DIRECTLY			OHSE! AND DEA!
(This o	LEADING TO DEATH loes not mean the mode of dying, e.g.,  (A)Arter	iosclerotic Cardio	vascular Dis	ease
	ailure, asthenia, etc. It means the disease, or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES			
	(B)	***************************************	***************************************	
O DISEA	SES OR CONDITIONS, IF ANY, GIVING O THE ABOVE CAUSE (A) STATING THE DUE TO			
L UNDE	RLYING CONDITION LAST. (C)(C)		***************************************	
DISEA RISE TI UNDEI UNDE				
L OTHER	SIGNIFICANT CONDITIONS CON-		1.30	•
TRIBUT	ING TO THE DEATH, BUT NOT RELATED  DISEASE OR CONDITION CAUSING IT.			
U 19A. DAT	OF OPERATION 198, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
7				YES NO L
UNDERLY	ERNAL CAUSE WAS ING ☐ OR CONTRIB. CAUSE OF DEATH.		f in Baltimore City, g	rive exact location)
	(Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	ED 21F. HOW DID INJURY	OCCUR?	
INJUE	WHILE AT NOT WHILE AT WORK AT WORK			
22 1 00	rtify that I took charge of the remains described	above held an inspecti	on & inquiry	thereon and tran
		Autopsy, I	Inspection or Inquiry	
the and	evidence obtained by said Autopsy, Inspection or death in my opinion resulted from: natural cause	Inquiry, find that said de	ecased died on the	e day stated above ndetermined [ ].
23A. SIG		1 238 CHIFF MEDICAL F	XAMINER 171 23	C. DATE SIGNED
u	Uliam Homersk	ASSISTANT MEDICAL E	OR D	11/9/51
24A. BURIAL	. CREMA- 24B. DATE   24C! NAME OF CEMET	RY OR CREMATORY 24D.	CATION (City town,	or county) (State)
Dune	al 11-12-51 St John	is In	na Stree	n /rd
DATE RECEI	CTD - D 4 44 AL	25 FUNERAL DIRECTOR	1/1/	ADDRESS On
OV 1 21	951 Timethis at for Milianing, 1999.	Luck 53	85 Trans	Lord LX.
V S 151	97060	U	1	92) 6
				1-1



## BALTIMORE CITY HEALTH DEPARTMENT

51 9722

BIRTH NO. CERTIFICATE	OF DEATH Registered No.
I. NAME OF DECEASED	
(Type or Print) SARAH R. VeT	TOR 2. DATE NOV. 10-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) - INSTITUTION	C. CITY OR TOWN If outside corporate limits write RURAL and give
3515 Rose Kemp Ave.	Ballimore 2/ pwnship
irs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	3515 RoseKemp HVENUE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (14 years if Under I Year last birthday) Months; Days Hours: Min.
temple White MARRIES	Dec. 2-1886 64
	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
AT HOME	TENNSYLVANIA WHAT COUNTRY
	14. MOTHER'S MAIDEN NAME
ANTHONY BRUNELLO	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS .
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MR. Joseph VETTOR- 3515 Kosekens
18. 14.2A.1 CAUSE O	
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	nary Ocelusion 5 yrs.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	vary occiusion 3/13.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OF CONDITIONS TO THE REAL PROPERTY OF THE PROPERTY	eriosclero 315
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON.	, 0 /
TRIBUTING TO THE DEATH, BUT NOT RELATED	tiple Sclerosis 3 years
TO THE DISEASE OR CONDITION CAUSING IT.	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in c. shout home, farm, factory, street, office bldg., etc.	
CAUSE OF DEATH	
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Ju	ne ,1957, to Nov. 10, 1917, that I last saw th
deceased alive on Nov. 10, 1951, and that death occurr	
	BB. ADDRESS 23c. DATE SIGNED
Mances // Swell M.D.	3601 Ailsa AVE 11/12/51
24A. BURIAL, CLEMA- 24B. DATE 24C. NAME OF CEMETER	Y OR CREMATORY 24D. LOCATION (City, town, or county) (State)
1 1/1/12-10-1	deemer DALTO Md.
DATE RECEIVED BY   REGISTRARYS SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 1 2 1951	L. J. Ruck 5305 HARTORY Rd.
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Dr. Seucik

Registered NA 9723

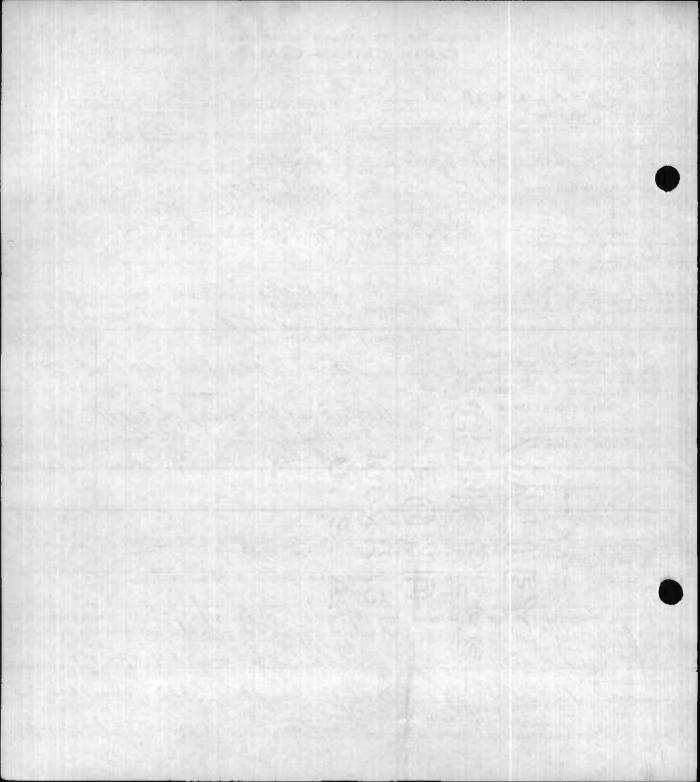
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Catherine	6-07	ott - Cate	Levie L. F. Cott	DEATH	9.51
s. PLACE OF DEATH: a. Baltimore City, Maryland	Baltin		A. STATE ROPLI	B. COUNTY	If institution; residence before admission)
B. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION Wary low	1	-1 1			nite, write RURAL and give township)
1 mong am	a zenera	l Hospital	Jo 26 St. 1	rural, give location)	
c. Length of stay in Baltimor	V	Mos.	00	arelace	1
5. SEX 6. COLOR OR RA	CE 7. SINGLE.		B. DATE OF BIRTH	I 9 AGE (In years)	H Under I Year   H Under 24 Hours Months; Days   Hours; Min.
semale white	1 1	D, DIVORCED (Specify)	1915-1883	las (thday)	Months Days Hours Min.
TOA. USUAL OCCUPATION (Give k ork done during most of working life, even if re		OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT SOUNTRY
13. FATHER'S NAME	N. Contraction of the Contractio	, cue	14. MOTHER'S MAIDEN N	AME	
gother Extrade	with		lathering	a tekert	
15. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	7. NFORMANT	1 12	ADDRESS
J. 64 -	-		ocus Star	S - flows	eve- leed
18. 175X		CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITI	DEATH	Par	diae fail	02170	
(This does not mean the m heart failure, asthenia, etc. I injury or complication wh	t means the disease,	(A)	ou ac par		
ANTECEDENT	CAUSES	+6 S	minal lar	cina ata	
DISEASES OR CONDITION	NS, IF ANY, GIVING		minai nac	anomaci	30/
RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO	(A) STATING THE N LAST.	DUE TO			
		(C)		ovarium	
OTHER SIGNIFICANT CO	ONDITIONS CON-				
TRIBUTING TO THE DEATH,	BUT NOT RELATED				
19A. DATE OF OPERATION		FINDINGS OF OPERA	TION		20. AUTOPSY?
21A, ACCIDENT, SUICIDE,	218. PLAC	E OF INJURY (e. g., in	or 21c. WHERE DID (	If in Baltimore City	yes No
HOMICIDE (Specify)		m,factory,street, office bldg., etc			
D. TIME (Month) (Day) (		IE. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
		WORK AT WORK	1		
22. I hereby certify that			0.30		5, that I last saw the
deceased alive on 11, 9	, 19_5_/_, a	nd that death occurr	ed at m., from	the causes and on	the date stated above
Mr. Druge		M. D. 1	aryland genera	el Hospital	11.9-1951
24A. BURIAL, CREMA- 24B. DA	TE 2	C. NAME OF CEMETER	Y OR CREMATORY 24D. L	OCATION (City, tow	vn, or county) (State)
Mucial Nat	12/51 0	medow to	of Cou 12	selevi ore	1 Must
DATE RECEIVED BY REGIST		ELA, MUST	5. FUNERAL DIRECTOR	-	AUDRESS
MAN I S 1991 James		X	Ille flow	you) / 0	no actaut

Jace 5-1883 - 68

50 0 9724
BIRTH NO.
I. NAME OF DECEASED (Type or Print)

Registered No.

NAME OF DECEASED	2. DATE						
Type or Print DUNU, COPA	OF DEATH ///0/5/						
B. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)						
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	MA CETY DO TO THE SHARE SHARE						
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
Church Stome & Hospital	Bakka- township)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
	7901 BONFMUY EL						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year last birthday) Months: Days Hours Min.						
F 11/ Willowal	(18x 8.1889 62						
OA. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	11. DIRTHPLACE (State or foreign country)   12. CITIZEN OF						
rk done during most of working life, even if etired) INDUSTRY	1/1 -U. S. A WHAT COUNTRY?						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
FINIS -labor	Louis Amis						
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL.	17 INFORMANT ADDRESS						
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	DE DEATH INTERVAL BETVEEN						
18. 420.0 L	OF DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	had Varenter accelery 3lan						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	The Valley of the State of						
injury or complication which caused death.) DUE TO							
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UNDERLYING CONDITION LAST.	All offit						
	every municipality						
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?						
	YES NO D						
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)						
LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., et CAUSE OF DEATH	te.) INJURY OCCUR?						
	21F. HOW DID INJURY OCCUR?						
INJURY WHILE AT NOT WHILE							
m. WORK AT WORK L	-olel wholel was						
22. I hereby certify that I attended the deceased from 10	5, 19, to 11/10/51, 19, that I last saw the						
deccased alive on 11/10/51, 19 and that death occur							
( Donal No.	3B. ADDRESS 23C. DATE SIGNED						
M. D.   24A. BURIAL, CREMA-  24B. DATE   24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, Dwn, or couply) (State)						
244. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETER	1/ 10 - 20 10 1/ 01						
Quial /100/3/3/ AT. Mar	yo Hamplin 3900 Tolang we, mg						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
MOV 1 21951 Milliante Man Ce	custin 6. Donovan 38/8/Jolans						
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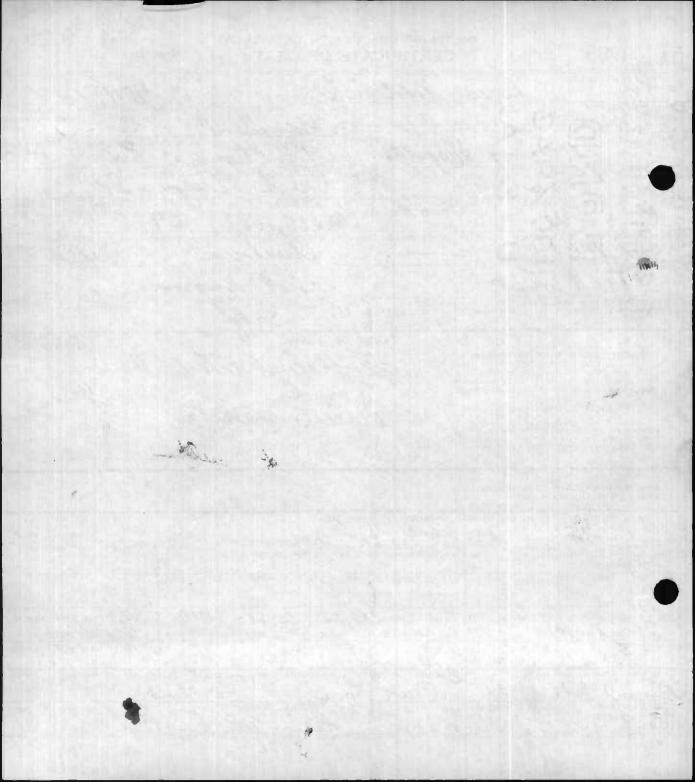


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## BALTIMORE CITY HEALTH DEPARTMENT

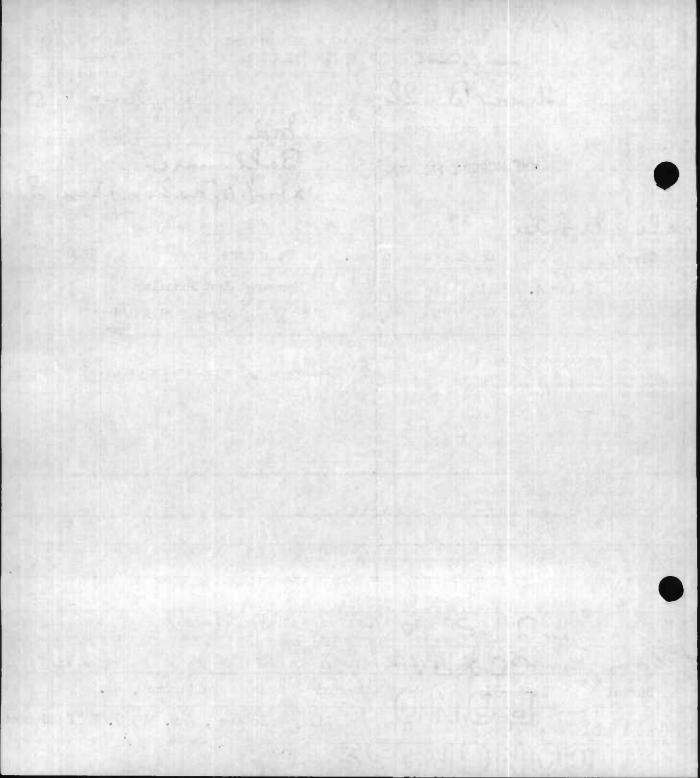
Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. ST B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and live C. CITY, QR INSTITUTION town him o. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED GE (In years) If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME CROZIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY sanciene YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, fectory, street, office bldg., etc. INJURY OCCUR? (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT WORK 1951, and that death occurred at 3 50 m., from 22. I hereby certify that I attended the deceased from 10/13 , 1951, that I last saw the deceased alive on m., from the causes and on the date stated above. 23C. DATE SIGNED CREMA-24D. LOCATION (City, town, or county) BURIAL. 248, DATE NAME OF CEMETERY OF CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL ADDRESS

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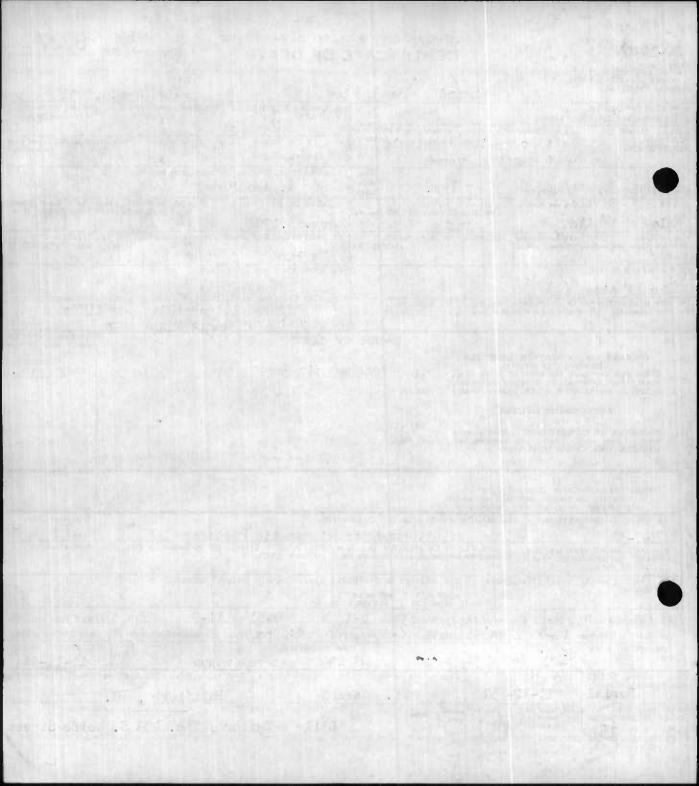
51	9726
Registered No	

BIRTH NO.	
NAME OF DECEASED Type or Print)  Riple	2. DATE OF DEATH
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) NSTITUTION	
JOHNS HOPKINS HOSPITAL Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Indet I Year list Under 24 Hours last birthday) months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR Private done during most of working life, even if retired)  Clerk  Brill Sea Food Business OR Private Control of the control o	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Peter A. Brill	Margaret Ann Schaller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (*If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT HOPKINS HOSPITALDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	of DEATH Valors polumonia? 1 must
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOSY?
21a. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e. g., i LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NJURY NOT WHILE AT NOT WHILE WHILE AT NOT WHILE WH	
22. I hereby certify that I attended the deceased from	red at
TA SIGNATURE 12	23B. ADDRESS OHNS HOPKINS HOSPITAL  23c. DATE SIGNED  WW. 11, 1951
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETE 10N. REMOVAL (Specify) 11-11-51 New Cath	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR LILLY & Zeiler , Inc. 403 S. Wolfe Stree

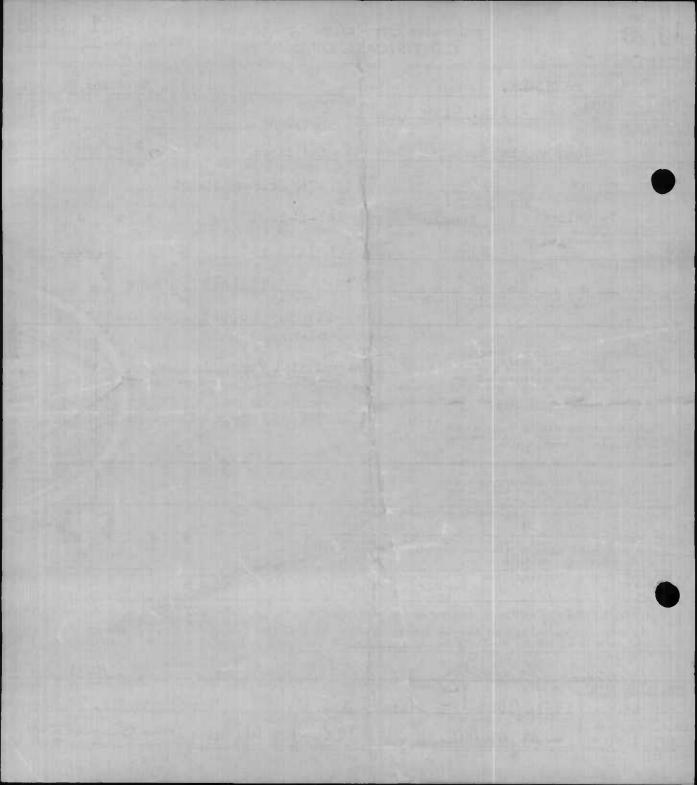


### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Bernard Joseph Rice Nov.9,1951 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals Cation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 7 Yrs. 806 S. Broadway c. beneth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. If Undet 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. White Mala Single Aug. 28, 1902 49 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Rice (D) Margaret McShane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Baltimore City Hospits 18 (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Bronchogenic Carcinoma Over 6Mos. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL Biopsy of Rt. Lung for Diagnostic Purposes YES 7-9-51 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 2 F. HOW DID INJURY OCCUR? O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK L AT WORK L . 1951 to 11-9 19 51that I last saw the 22. I hereby certify that I attended the deceased from 6-1 , 19, 51, and that death occurred at 9:05pm, from the causes and on the date stated above. deceased alive on 11-9 238 ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Avenue 11-12-51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 24B. DATE Mt. Carmel Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE AND HE 25. FUNERAL DIRECTOR LOCAL REGISTRAR turthe ston! Lilly & Zeiler , Inc. 403 S. Wolfe Street VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1-02861 1. NAME OF DECEASED 2. DATE (Type or Print) RUDOLPH M. HOOPER DEATH November 8, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RVRAL and give C. CITY OR TOWN township Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore 1736 Orleans Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years | Muder | Year | Muder Z4 Hours last birthday) | Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) Male Colored Single Feb-5-1951 9 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekindof) INDUSTRY WHAT COUNTRY rork done during most of working life, even if retired) Baltimore wone 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Willemay Homes and ol nh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. Willemay Hopper 1736 Orlean St INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial Pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES Y 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \$\mathbb{X}\, accident \[ \], suicide \[ \], homicide \[ \] undetermined \[ \] 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER . . . 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER .. MEDICAL INVESTIGATOR 44 NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR D. W. Sloor 151



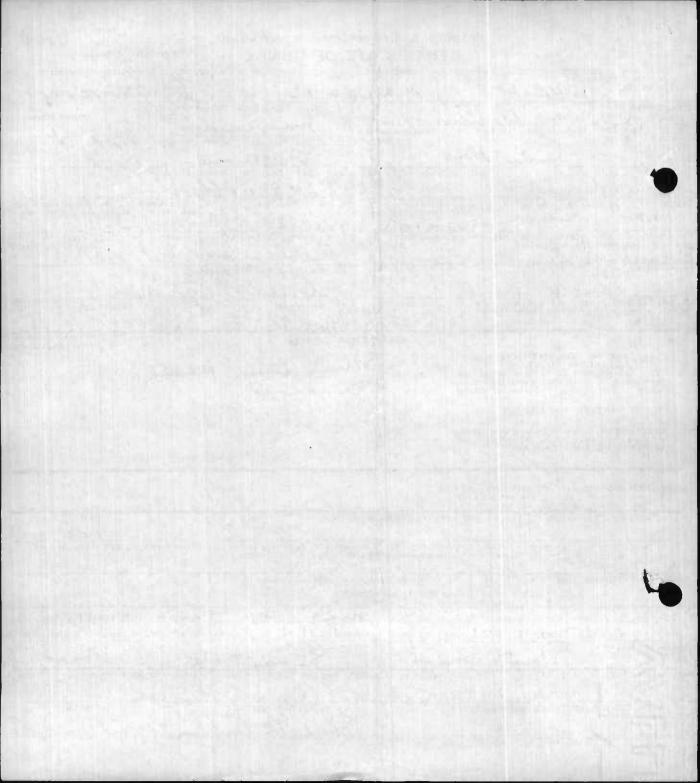
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51 9729 CERTIFICA	TE OF DEATH Registered No	O ( France)
BIRTH NO.		
	DEATH	-1951
B. PLACE OF DEATH: A. Baltimore City, Maryland		ion : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address location)  NOTITUTION		
1520 W. Tapinigton de	Battemore 10-	bwnshij
Length of stay in Baltimore	08. 1. 1/3/2/1 4 C. (t)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	eify) Chil 2, 1871 9. AGE (In years Hunda IV) Months: D	ays Hours Min
OA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUST	TRY 1/ 1 W	TIZEN OF
Joseph miles.	14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. Accordance) (11 yes, give war or dates of service) SECURITY NO	mollie Sheppard. 1013 P	s ym l
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		TERVAL BETWEE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	2	
19a. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OF	Y	O. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, atreet of floods CAUSE OF DEATH	dgnetc.) INJURY OCCUR?	,
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU INJURY  m. WHILE AT NOT WH AT WORK AT WORK	IILE T	34
22. I hereby certify that I attended the deceased from deceased dive on 1/5/19/2, and that death oc	/ / / / /	I last saw the
23A. SIGNATURE BUMANICO M.D.	238. ADDRESS // Lawy / 230.	DATE SIGNED
341. BURIAL, CREMA 24B. DATE 24C. NAME OF CEME 10N. REMOVAL (Specify) 24B. 12, 195. Arbutus Y	nenvial arbutus	md (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Mr. Katie RiWilliams Scho	ESS 322/
The state of the s		a come sa

VS 150

John Steerman They for linear 1 John Miller 

51 9730 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) CHARLES F & LEWIS OF Nov 11, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) sur of 6 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore 06 Days 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE 8, DATE OF BIRTH AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 3-22 MARRIED IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF ork doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER NAME 20mmor 15. WAS DECEASED EVER IN V. S. ARMED FORCES?
You no or unknown) (If you give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO no 8-0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID shout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. JME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED URY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 200 1, 1951 to 1, 1951 that I last saw the 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 240. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR VS 150



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IMORE CITY HE	EALTH DE	PARTMENT	.)
ERTIFICAT	E OF DE	EATH Registered	d No

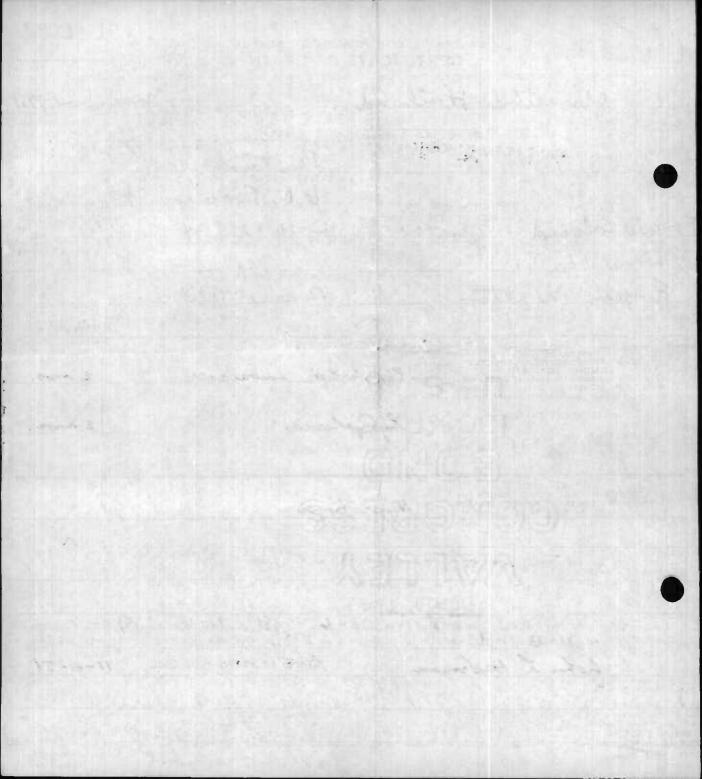
BIRTH NO.							
1. NAME OF DECEASED   2. DATE							
(T	ype or Print)	Mr. H	arlee A	ustin Russ		OF DEATH NOV	9 1951
	PLACE OF DEATH: Baltimore City, 1				4. USUAL RESIDENCE (		
В.	FULL NAME OF		al or institut	ion, give street address o			way
	SPITAL OR STITUTION			location	c. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and give township)
1	St	. Joseph	s Hospi	ital	Baltimore	0	townsmp)
17				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of stay in	Baltimore	10	Mos. Days	123 N. Patte	erson Park A	venue
5.	SEX 6.CO	LOR OR RACE	7. SINGLE	E. MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours Months; Days Hours Min.
	Male Wh	ite	Mari	ried	april 29-1951	43	
	A. USUAL OCCUPA done during most of working		10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	nemployed	g me, even med,	Gener	7 7		th Carolina	WILL COOKINIT
	. FATHER'S NAME	Balon	dones	at parting ou	14. MOTHER'S MAIDEN N	AME	
	austin	Rus			Katio Ke	ller.	-44/15
15	. WAS DECEASED EVE	R IN U. S. ARME	FORCES?	16. SOCIAL	17. INFORMANT	1	ADDRESS
(Xe	s, no or unknown) (113	es, give war or date	s of service)	SECURITY NO.	Mary E. Russ	•	1. Patterson PKan
-	18. // 5 A. J			CALICE	OF DEATH	1001	INTERVAL BETWEEN
ERTIFICATION	injury or compl  ANTE  DISEASES OR C RISE TO THE ABI UNDERLYING C  OTHER SIGNIF	CEDENT CAUSE (A) CONDITIONS, I DVE CAUSE (A) CONDITION LA	F ANY, GIVIN STATING THE	(B)Coror	ary arteriosclero	sis	
S	TO THE DISEASE	OR CONDITION	CAUSING I	т			
٦	19A. DATE OF OPE	ERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
S							YES X NO
EDICAL	21A. ACCIDENT V LYING OR CON CAUSE OF DEATI	TRIBUTING		ACE OF INJURY (e. g., farm,factory,street,office bldg		If in Baltimore City	, give exact location)
Σ	D. TIME (Month	) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
L	INJURY		m.	WHILE AT NOT WHIL AT WORK			
22. I hereby certify that I attended the deceased from 11/3/ ,1951 to 11/9/ ,1951that I last sa							57 that I last saw the
	deceased alive or				erred at 8:00AmMfrom		
	23A. SIGNATURE			ana that aeath occ	23B. ADDRESS	the causes and on	23c. DATE SIGNED
		1/10	1/20	4	Thoo M Comit	no Street	11/9/51
	M. D. 1100 N. Caroline Street 11/9/51  24a. BURIAL, CREMA-  24b. DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (State)						
TIC	TION, REMOVAL (Specify)						
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR ADDRESS							
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Of White Miliams, 15 Of Connelly. 418 Eastern are							
VS 150							
	690 44 0 2 1 94 a Balto. 21, md						

azz 29-155 auster Pens Kitis Keley. Mary E Ruse 1437 Determine Cake Journ Com Entered in 10's 11/12/51 Tunk. June ? Den Housey, 418 Liter Cie Pacto Lynd

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Registered No.

(Type or Print) Christing, Halland.	OF DEATH November (0195)					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, write KURAL and vive township)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	6 N. Caraline St.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (in years   Il Under I Year   If Under 24 Hours   Ilast birthday)   Months   Days   Hours   Min.					
10A. USUAL OCCUPATION (Give kind of 10B. WIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
Ork dooe during most of working life, even if retired)	WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Rogers Walter	annie Tillman					
15. WAS DECEMSED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT JULINS HOPKINS HOSPITAL					
18. 207. / CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	shoma 2 mos.					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING	shoma 2 mos.					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(c)						
L II						
OTHER SIGNIFICANT CONDITIONS CON-	de asim.					
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?					
- Y	YES NO					
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e						
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
NOT WHILE AT NOT WHILE						
m.   WORK   AT WORK   1951, to 11-6, 1951, that I last saw the						
	red at 335 Pm., from the causes and on the date stated above.					
23A. SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED					
Aohn L. Hadrman M.D.	38. ADDRESS CONTROL 23C. DATE SIGNED 11-6-51					
1 1 1 11	38. ADDRESS JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED 11-6-51					
24A. BURIAL CREMI- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify) Nov 12/51 Mr Cal	38. ADDRESS JOHNS HOPKINS HOSPITAL  23c. DATE SIGNED  11-6-51  RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Aghi h. Hadman M. D.  24A. BURIAL, CREM- 24B. DATE TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE	38. ADDRESS JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED 11-6-51					
Ashn h. Hadrman M. D.  24A. BURIAL, CREMI- TION BEMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR  NOV 1 21951  Ashn h. Hadrman M. D.  24C. NAME OF CEMETE  24C. NAME OF CEMETE  124C. NAME OF CEMETE	PARY CALL COLOR (City, town, or county)  23c. DATE SIGNED  11-6-51  RY DR CREMATORY 24D. LOCATION (City, town, or county)  25. FUNERAL DIRECTOR  ASDRESS  Mis Orbert a. Ellist & Abrugaler					
24A. BURIAL, CREM- 24B. DATE 24C, NAME OF CEMETE TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE	38. ADDRESS JOHNS HOPKINS HOSPITAL  23c. DATE SIGNED  11-6-51  RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)					

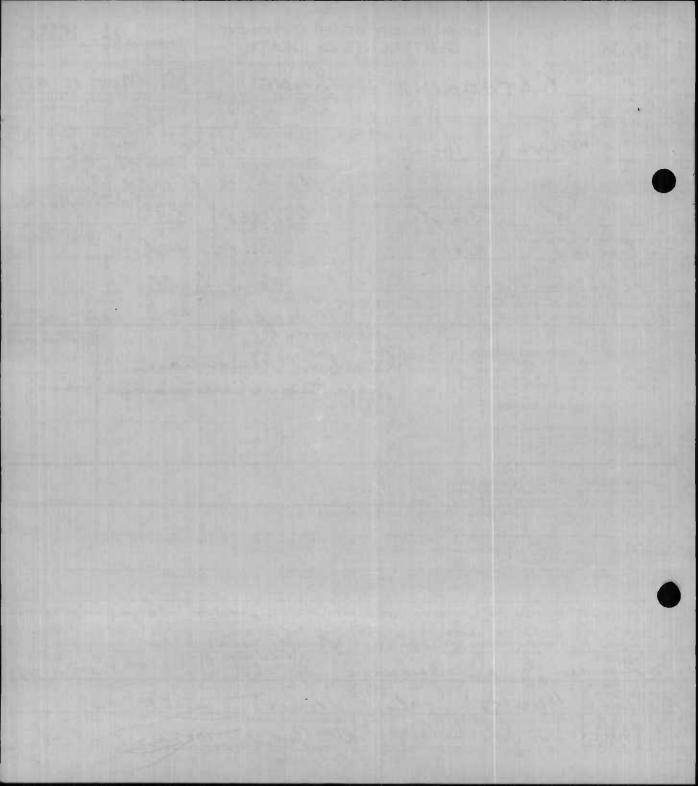


500 11TH NO.733

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9733

1. NAME OF DECEASED KATHERINE	KANE 2. DATE OF DEAT	MAT IN IGT.
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where decea	
A Baltimure City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	md.	Defore admission)
HOSPITAL OR location) INSTITUTION  Mercy  Hospital	c. CITY OR TOWN (If outside con	porate limits, write RURAI and give township)
Yrs.	D. STREET ADDRESS (If rural, give	location
c. I th of stay in Baltimore Mos. Days	115 W. Mulle	enry st.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WILDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last bi	In years II Under I Year II Under 24 Hours rthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR nik dune draping most of warking life, even if retired)	11. BIRTHPLACE (State or foreign coun	try) 12. CITIZEN OF WHAT COUNTRY?
sulfalady d'elf	13alto n	2.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 /
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17 INFORMANT	ADDRESS
Yes, nn or unknown) (If yes, give war or dates of service) SECURITY NO.	Usu De mases 19	E. ENTRE J
18. HH 3 X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	ebral hemorrha	<u> </u>
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	serteisene Cordion	scular Diseases
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.		
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., i. underlying [] or contrib. about home, farm, factory, street, office fildg		more City, give exact location)
UTING CAUSE OF -DEATH.		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE		
m.   work   AT WORK	1 11 11 11 11 11 11 11 11	**
22. I certify that I took charge of the remains described of	Autopsy, inspection	or Inchiry
the evidence obtained by said Autopoy, Inspection or and peath in my opinion resulted from: natural cause	inquiry, find that said deceased o	tied on the day stated above,
23A. SIGNATURE	23B, CHIEF MEDICAL EXAMINED ASSISTANT MEDICAL EXAMINED	R 23c. DATE SIGNED
24A. BURIAL, CREMA-1 24B DATE   24C. NAME OF CEMETE	I.D.   MEDICAL INVESTIGATOR	(City, town, or county) (State)
HON REMOVAL (Specify) 11/13/51 Holy R	Edinien Ba	25. md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 1 21951 Callington Milliance, Mar	1 Gol Inc. 1217	St. Paul I.
V S 151	1 6.	930



(Type or Print)

HOSPITAL OR

INSTITUTION

5. SEX

1. NAME OF DECEASED

A. Baltimore City, Maryland

c. Leigth of stay in Baltimore

work done during most of working life, even if retired)

Molder Wood

(Yes, no or unknown)

18.

EDICAL

3. PLACE OF DEATH:

B. FULL NAME OF

### DEPARTMENT DEATH

51 - 9734Registered No .\_

1 9734	BALTIMORE CITY HEALTH
L O/O/	CERTIFICATE OF
BIRTH NO	OLKIII IOATE OI

MONNICK, ALBERT J.

Georgetown Road

	2. DATE OF DEATH No.9,1951
4. USUAL RESIDENCE	(Where deceased lived, If institution: residence

(If not in hospital or institution, give street address or location' C. CITY OR TOWN

Yrs.

Mos.

Davs

INDUSTRY

(If outside corporate limits, write RURA); and give Baltimore D. STREET ADDRESS (If rural, give location)

Maryland

2812 Georgetown Road. 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH

11. BIRTHPLACE (State or foreign country) Maryland

June 27,1898

14. MOTHER'S MAIDEN NAME Wilhelmina

12. CITIZEN OF WHAT COUNTRY?

(township)

13. FATHER'S NAME Charles Monnick

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

6. COLOR OR RACE

White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL 17. INFORMANT SECURIT

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Baltimore Cooperage

Married

'Mrs Bertha Monnick, 2049 Grinnalds Ave. CAUSE OF DEATH

ADDRESS

NTERVAL BETWEEN

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

210. TIME (Month) (Day) (Year) (Hour)

CAUSE OF DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

DUE TO

DUE TO

(C)

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from h 4 29, 1950 to mv. 9

\_\_\_\_, 1951 ... and that death occurred at 7-15 m., from the causes and on the date stated above.

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

FUNERAL

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

TRECTOR

Baltimore Md.

240. LOCATION (City, town, or county)

YES

195 ! that I last saw the

ADDRESS

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR

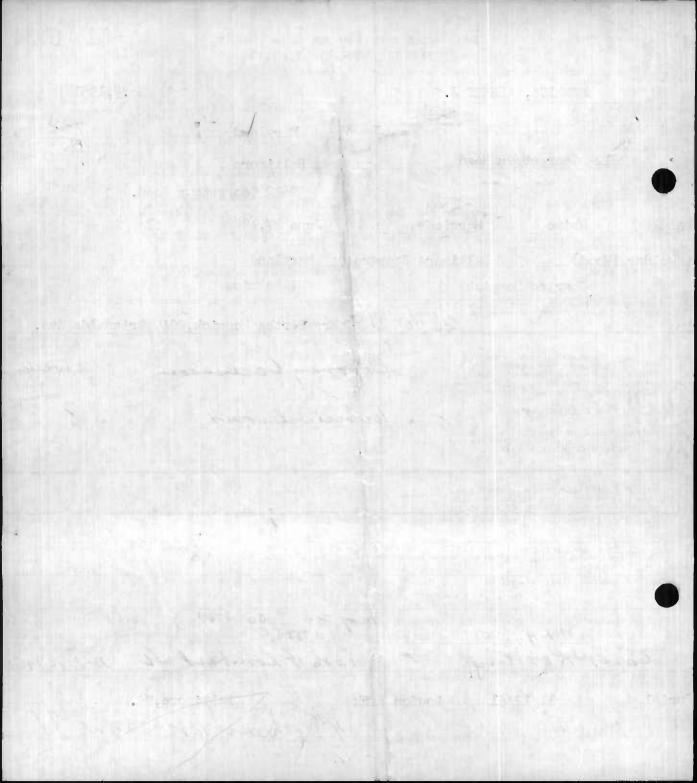
23A. SIGNATURE

Carer

deceased alive on Mr. 9

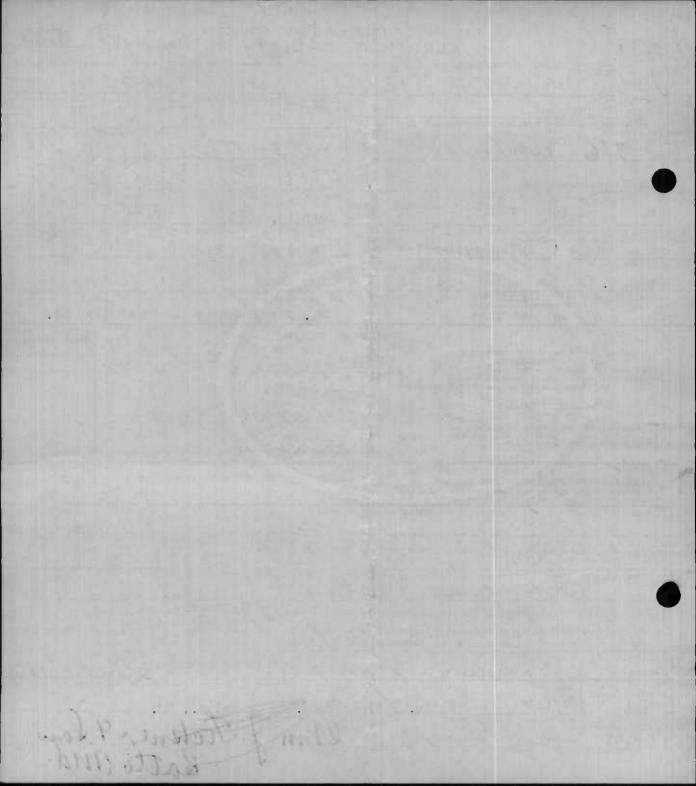
Loudon Park REGISTRAR'S SIGNATURE

VS 150



200
9735 BIRTH NO.
1. NAME OF DEC (Type of Paint)

9735 BIRTH NO.		CERTIFICATE	E OF DEATH	Registered No.	3735
Type of Paint)	ME B	LEWIS		OF DEATH NOV.	11, 1951
Baltimore City			4. USUAL RESIDENCE (W	here deceased lived, If instit	ution: residence before admission)
S. FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospita	al or institution, give street address or location)	c. CITY OF TOWN (IF	outside corporate limits, wri	ite RUBAT and give
th of stay	in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	1 8
	color or RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH  June 15, 1878	9. AGE (In years last birthday) Months	
marble set	rking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY  Construction	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY!
3. FATHER'S NAM			14. MOTHER'S MAIDEN NA	AME	TERRITOR
Joseph F.		FORCES?   16. SOCIAL	Mary Foos	4.000	
(es, no or unknown)	Spanish Ame	of service) SECURITY NO.	Mr. Joseph Lew	is-716 Cumberla	
(This does no heart failure, injury or cor AN DISEASES ORISE TO THE UNDERLYIN OTHER SIGN TRIBUTING TO	OR CONDITION EADING TO DEAT to mean the mode of asthenia, etc. It mea mplication which co ITECEDENT CAUS R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA  III NIFICANT CONDITION THE OBATH, BUT	DIRECTLY TH of dying, e. g., ns the disease, aused death.)  DUE TO  SES  FANY, GIVING STATING THE ST.  (C)  TIONS CON. NDT RELATEO	OF DEATH  Conserve /  Disèsse	Heart	DNSET ANO OEATH
19A. DATE OF C	OPERATION 15	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL UNDERLYING [	OF CONTRIB	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c		f in Baltimore City, give e	exact location;
210. TIME (Mor	ath) (Day) (Year)	(Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
the evider	nce obtained by in my opinion	ge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	nquire, find that said de laccident . suicide	Inspection or Inquiry eccased died on the de $\Box$ . homicide $\Box$ , undet	termined [
Tranc	s X Ja		238. CHIEF MEDICAL I ASSISTANT MEDICAL I MEDICAL INVESTIGAT	OR - CON	11, 1951
24A. BURIAL, CRE	ify)	24c. NAME OF CEMETE		OCATION (Oily, town, or co	unty) / (State)
Burlal DATE RECEIVED B LOCAL REGISTRAIN N/ 1 210 E 1		S SIGNATURE	al Cem. Bal 25 FUNERAL DIRECTOR	jo., Md.	DRESS
V S 151		5042	4 : (93)	Batto N	nd.



# CERTIFICATE OF DEATH Registered No. 9736

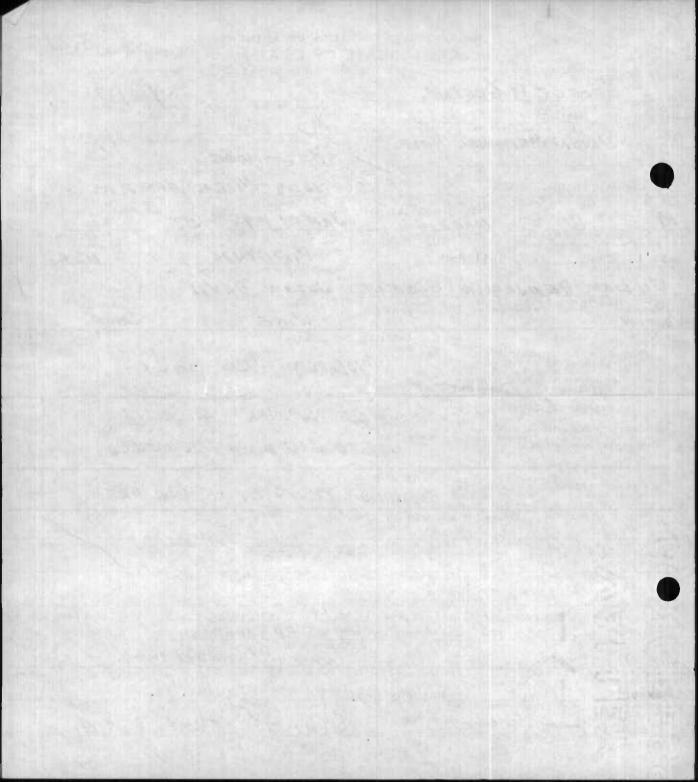
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Mr. Lawrence Lewis		2. DATE OF DEATH	11/10/51
3. PLACE OF DEATH: Bon Secours Hospital  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION  Bon Secours Hospital	address or location)  A. STATE  Maryla  C. CITY OR 1		hefore admission) ate limits, write RURAL and give
85 Years c. Leth of stay in Baltimore	Yrs. D. STREET A	nton, Md. Zone 15 DDRESS (If rural, give loca airmount Ave.	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCE Married	ED (Specify) 8. DATE OF	BIRTH 9. AGE (In y	years If Under 1 Year If Under 24 Hours day) Months Days Hours Min.
Hydralic Engineer (Rtd) Own Busines  Unknown	Mary 14. Mother	S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) NO	TY NO.		ADDRESS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-		ia & Cardio Resp	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS  None	OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street			YES NO A
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY m. WHILE AT WORK  22. I hereby certify that I attended the deceased fr	NOT WHILE	DID INJURY OCCUR?	_, 19, that I last saw the
dcceased alive on , 19 and that dec	ath occurred at 23B. ADDRESS	Soc 1+	ad on the date stated above.  23c. DATE SIGNED
TION, REMOVAL (Specify)	awn Cem.	Wood Jawn, Md.	es de de la contentación de la c

The Part of the State of the St SUPPLIED THE SECTION OF THE PARTY OF Olm & Ticknis 4 de es

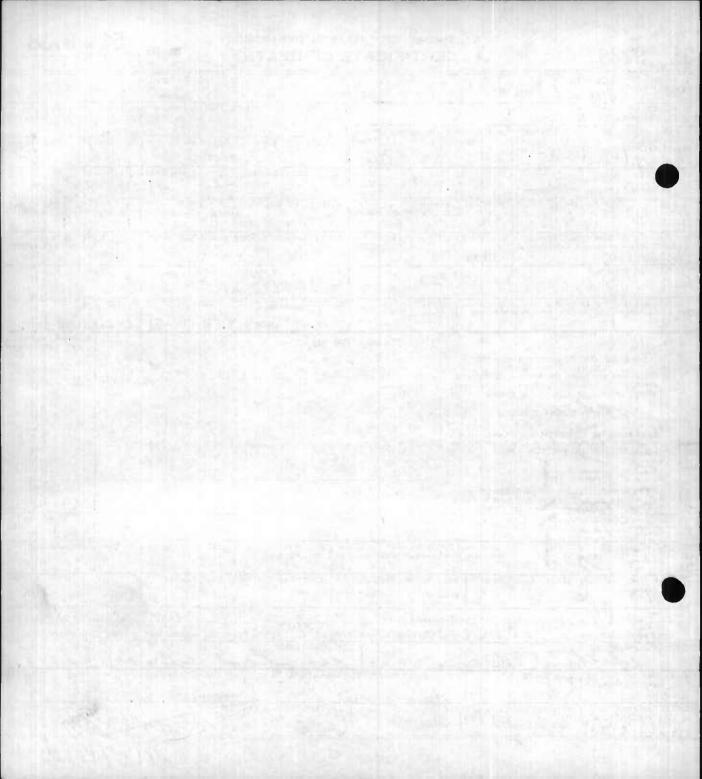
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BIRTH	GN	0.	37
I. NAM	1E	OF	DEG

#### CERTIFICATE OF DEATH Registered No. 9737 BALTIMORE CITY HEALTH DEPARTMENT

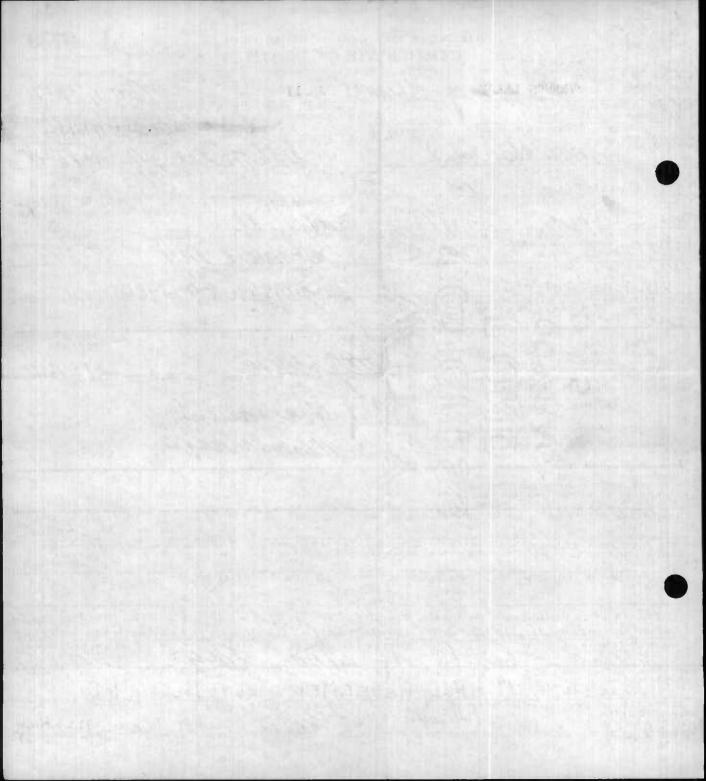
Type or Print)	SEORGE N	16000	Car C		2. DATE OF	10-7
B. PLACE OF D	EATH:	GKEE	NE	4. USUAL RESID	ENCE (Where deceased live	
Baltimore (	City, Maryland OF (If not in hospit	al or institutio	n, give street address o	A. STATE	B. COUNT	Y before admission)
NSTITUTION	UNION ME	HORIAL	HOSP location	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
				BALTI		township)
			Yrs. Mos.		ESS (If rural, give location	n)
c. Length of s	tay in Baltimore	E civici s	Days	1205	NINDEMERE	AUE
AA	6. COLOR OR RACE	WIDOWE	MARRIED, D, DIVORCED (Specify	8. DATE OF BIRT	last birthday	Months Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of		PRIED OF BUSINESS OR	JAN 29 18	73 State or foreign country)	LIG GITHTSN GE
ork done during most r	of working life, even if retired)		INDUSTR	Y		12. CITIZEN OF WHAT COUNTRY?
ASS'T.	reas.	Railroa	ad	VIRG	AIDEN NAME	U.S.A.
WILL	AM BENJ	AMIN	GREENE	1	1	
5. WAS DECEASE	ED EVER IN U. S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NKNOWN				WIFE		SAME
18. 420	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION		M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tulanter act inco	
(This does	not mean the mode ore, asthenia, etc. It mea	f dving, e.g.,	(A)X	OCARVIAL P	LNSUFFICIENCY	
injury or	complication which c	aused death.)	DUE TO			
	ANTECEDENT CAUS	ES	(B) MARK	EN CORPALA	RY SCLEROSI	C
DISEASES	S OR CONDITIONS, II	ANY, GIVING		Za Corcoron	77 -022/000/	
RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO ALADY	CO GENERAL	ZED ARTERIOSCH	FRASIS
			(C)	CV	^5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	303/3
OTUER 6	ICHIERCENT COND.	TIONS	CHRONIC			
TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	(OACLUSIA	N RIGHT +44	EFT INT. ILIAC. H	ART.
			FINDINGS OF OPE	RATION		20. AUTOPSY?
NO	NE					YES NO
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING	21B. PLAC about home, far	E OF INJURY (e. g., m, factory, street, office bldg	in or 21C. WHERE I	OID (If in Baltimore Ci	ity, give exact location)
210 TIME (	(Month) (Day) (Year)	(Hour) 2	1E, INJURY OCCUR	RED 21F. HOW DIE	INJURY OCCUR?	
NJURY			HILE AT NOT WHILE			
22. I hereb	y certify that I att				1 to 11 - 10 1	95, that I last saw the
	live on 11-10		000000000000000000000000000000000000000		from the causes and o	on the date stated above.
23A. SIGNA		,		23B. ADDRESS	n	23c. DATE SIGNED
1.00	1. milais	-	м. р.	Union	removal 1400	1. 11-10-51
24A. BURNAL, C ION, REMOVAL (S		24	4C. NAME OF CEMFT	ERY OR CREMATORY		own, or county) (State)
Removal	11/14/5	1	Mathews Cem		Mathews, Va.	Anness
OV 1 2 195	BAR REGISTRAR			25. FUNERAL DIF	Tickner &	ADDRESS
VS 150	- 0				5	Λ.
			290	20		94a



2,00				
	BALTIMORE CITY HE	EALTH DEPARTMENT	51	9738
9738 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) James Row	Dyche	r.	2. DATE OF DEATH	11-51
a. Baltimore City, Maryland Ba	1tituore	4. USUAL RESIDENCE (V	Where deceased lived, If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or ins	stitution, give street address or location)	C. CHTY OR TOWN (III	outside corporate limits, w	arrita PIDRAT and aims
Maryland Gener	al Hospital	Baltimor	e 10	township)
c. Length of stay in Baltimore	Yrs. Mos. Days	918 Newingt	rural, give location) OU AOR. #	17
	NGLE, MARRIED. DOWED, DIVORCED (Specify)	OCHOGEN 9, 1887		ter 1 Yeer H Under 24 Hours has Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of IOB. I work done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   12	CITIZEN OF
Accounting	ilroad	Mary lan	a	0.5.4
GRONGE V. C. JY	che	With elminn		
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or detes of servi-		17. INFORMANT	ADD	RESS
no		Mrs. Blanche R.	Dyche-918 Newi	ington Ave.
18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY	#	1. (3)	A W.
(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	lisease,	eary mroni	03765 (S)	unnin
ANTECEDENT CAUSES	11	-	1 1.	)
	(B) Hey L	uliume ac	ed ackering	4- 5
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.		the cardinor	sculin	1,2150
UNDERLYING CONDITION LAST.			disease	
II.	(C)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R				
TO THE DISEASE OR CONDITION CAUSE	NG IT.			
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	. PLACE OF INJURY (e. g., i	n or   2 IC. WHERE DID ()	If in Baltimore City, give	
	home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended	the deceased from	11 - 4301951, 10	11-11, 1951	that I last saw the
deceased alive on 195	and that death occur	rred at 1 a.m., from t	he causes and on the	date stated above.
23A. SIGNATURE		38 ADDRESS	no the	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24c, NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, town or	county) (State)
TION, REMOVAL (Specify)			0	(2300)
Burial 14/14/51 DATE RECEIVED BY   REGISTRAR'S, SIGN	Davis Memori	25, FUNERAL DIRECTOR	erland, Md.	DORESS
LOCAL DECICEDID	Yelliansed, Mine	Im. 4. Vi	clevery x	law
VS 150	000	507 6 92	D (Sulto)	md.



652	54 OF 20
0/00	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) VERNON LERCY See Symme	S JR. 11   2. DATE. OF DEATH NOV 11. 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Sinai HOSPITAL	
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	1/05//./951 /3
108. KIND OF BUSINESS OR Work done during most of working life, even if retired)  13. FATHER'S NAME	cuttinione, ind 4, 517.
Vernon Grimes	Theresa Jon 1940
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	Interval Between onset and Death 12 Mg
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSVI YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  m. WHILE AT NOT WHILE AT WORK	Uni (4.15-2) (1.5-1, 1.15) (2.2-1) (1.15) (2.15) (3.15) (3.15) (3.15)
HALLEO PSEPAS M.D.	
TION, REMOVAL (Specify) 11-12-1951 HOLY REDE	EMER 4430 BELAIR RD
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Fronk Weller hoe 322.5. High
vs 150	160a



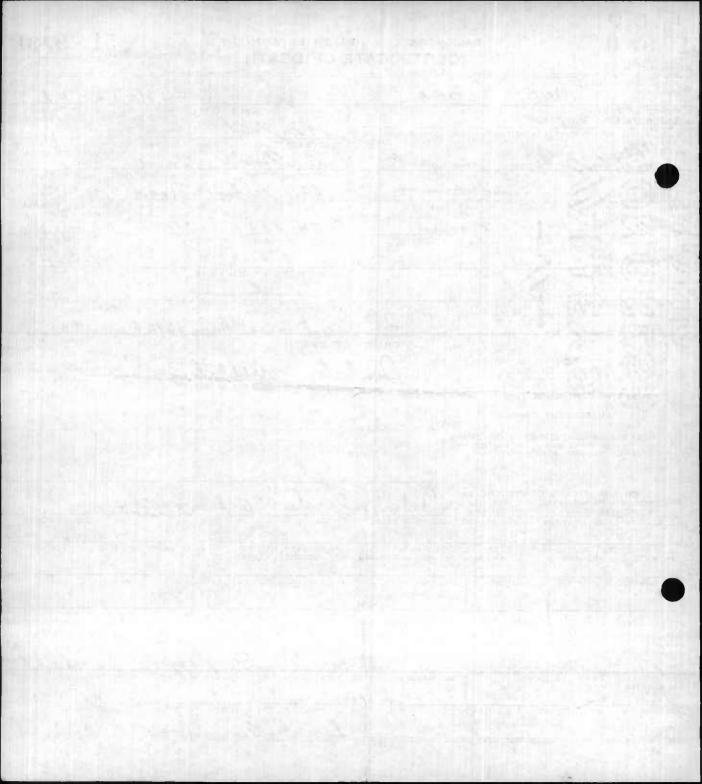
-5	00
51	9740

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9740

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	0,00
1. NAME OF DECEASED (Type or Print)	CORA		2. DATE OF DEATH //-/2	-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION Agrant	stitution, give street address or location)	c. CITY and TOWN (If a Baltimore	outside comprate/limits, write	RUR L and give township)
c. Length of stay in Baltimore	t fram Mos. Days	6211 Belan	rural, give location)	
W	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years If Under I last birthday) Months I	Year H Under 24 Hours Days Hours Min.
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S DAME		14. MOTHER'S MAIDEN NA	IME .	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or nuknown) (If yes, give war or dates of serv	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ss
18. 260 X		Mr. ExNesT/hu	42.6211. Belain	MERVAL BETWEEN
DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT IT OTHE OISEASE OR CONDITION CAUSE	ng, e.g., disease, death.)  OUE TO  (B)  (B)  (C)  S CON- RELATEO SING IT.	Center Corde	ovsoula	20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N	AJOR FINDINGS OF OPER  B. PLACE OF INJURY (e.g., i	RATION  nor   21c. WHERE DID (I)		YES NO
HOMICIDE (Specify)	t home, farm, factory, street, office bldg.,		Datumore Only, give es	
o. TIME (Month) (Day) (Year) (House INJURY	r) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	AND DESCRIPTION OF STREET	OCCUR?	
22. I hereby certify that I attended deceased alive on // -/2 , 19.	d the deceased from 10 51, and that death occur	- 23 rred a 2 10 / m., from th	he causes and on the da	nt I last saw the te stated above.
My oppine	M. O.	Frankly Sq.	Hosp. 11	-/2 -5/
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  ////	Paykyvood	1. Cen	Balt	o. us.
DATE RECEIVED BY REGISTRAR'S SIGNOVAL 21951	Marine, M. M.	Lassalu Jumes	N 19	Belain Rd.

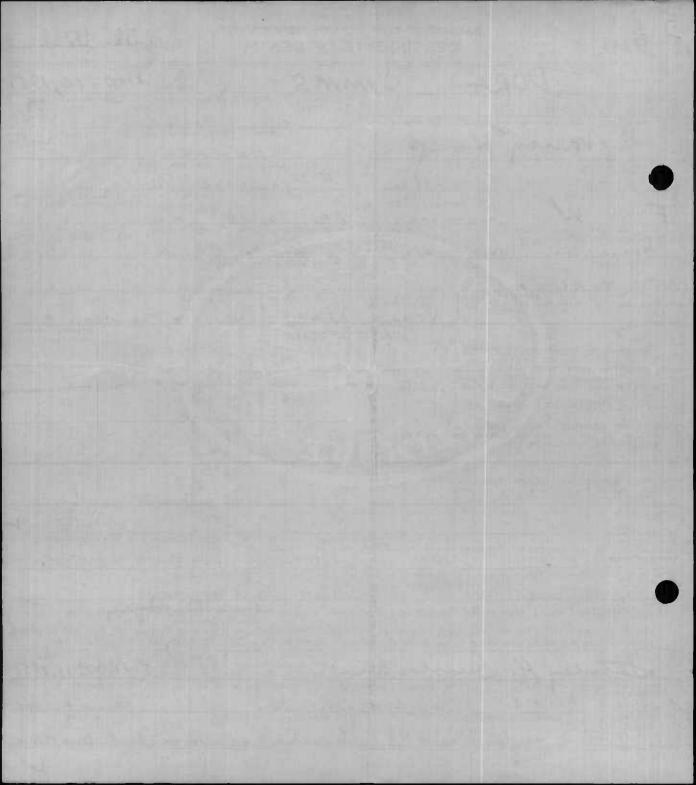
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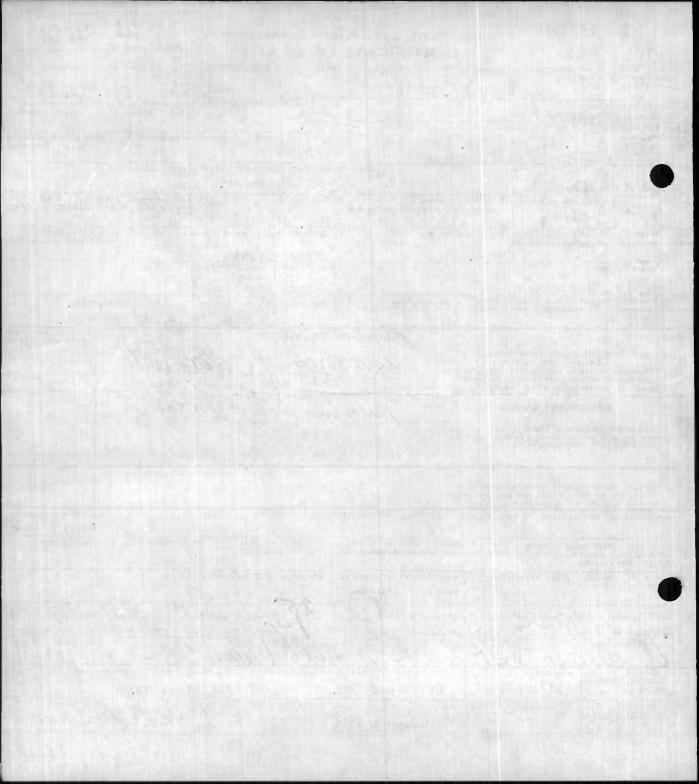
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9741

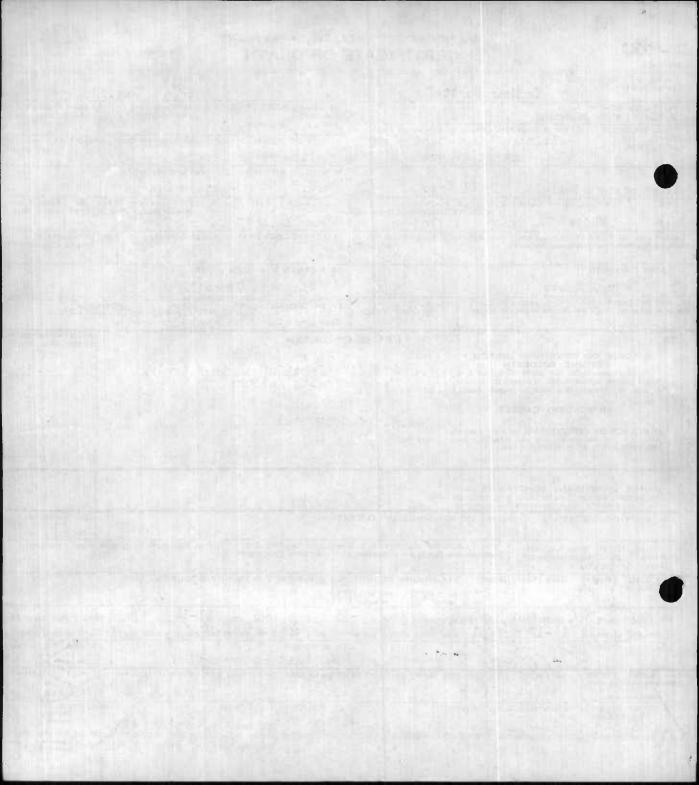
31	RTH NO.				
	NAME OF DECEASED DORA	SIM	MS	2. DATE OF DEATH	5.10,1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, If i	institution: Fesidence before admission)
3.	FULL NAME OF (If not in hospital or institut	ion, give street address or location)	nd	Baltoco	
	STITUTION Mercy He	TOTAL	c. CITY OR TOWN	(If outside corporate limits	township)
4		Yrs.	D. STREET ADDRESS	(If rural, give location)	
_	I. h of stay in Baltimore	life Mos. Days	# Parid	P.	200
5.	SEX   6 COLOR OR RACE   7. SINGLE	E. MARRIED.	8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours
	L 1/	/ED. DIVORCED (Specify)	April. 27.190		nths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OR	11/BIRTHPLACE (State o		12. CITIZEN OF
OT K	done during most of working life, even if retired)	Home	Balto.	co. Md	WHAT COUNTRY?
13	FATHER'S NAME	A second	14. MOTHER'S MAIDEN	NAME	
١	WM H Alban		Approximation (III)	***************************************	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, nn or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AF	DDRESS
	No	NONE	Lt. VV. 1 Sing	us. 58. Provi	dence . Rd.
1	18. E970. V.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ones and seath
	(This does not mean the mode of dying, e.	g., (A) Barbita	rate poisoning		
	heart failure, asthenia, etc. It means the diseas injury or complication which caused death				
	ANTECEDENT CAUSES				
2	DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	***************************************	***************************************	
2	RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.				
		(C)			
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE	ED			
1	TO THE DISEASE OR CONDITION CAUSING I	FINDINGS OF OPERA	ATION		20. AUTOPSY?
1	is a series of the series of t				YES NO D
5	LIM LATER TO THE COLUMN TO THE	ACE OF INJURY (e. g., in farm, factory, street, office bldg., et	or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
2	UNDERLYING M OR CONTRIB-	Home		dBaltimore Co	ounty, Md.
TAT	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE		RY OCCUR?	
	9. 1951-found 4: 30Pm.	WHILE AT NOT WHILE	Ingestion of	barbiturate	
	22. I certify that I took charge of the	remains described al	bove, held an Jus	section + dynin	thercon and from
	the evidence obtained by said Auto	psy. Inspection or In	Autor	y, Inspection or Inquiry deceased died on the	e day stated above,
	and douth in my opinion resulted f	rom: natural causes	☐, accident ☐. suici	de 🗓, homicide 🗌, un	$ndetermined \square.$
	23A. SIGNATURE	ala lu	ASSISTANT MEDICA	L EXAMINER 230	DATE SIGNED
22	A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETER	MEDICAL INVESTIG	ATOR	or county) (State)
ric	ON, REMOVAL (Specify) 4/13/5-/	0		0	
DA	ATE RECEIVED BY   REGISTRAR'S SIGNATU	Providence	25. FUNERAL DIRECTO		ADDRESS
L.C	DCAL REGISTRAR	1 M M	1 0 4		2 1 121
	8 151	Transfer Comments	Jussalin Jim		Belain Rd.
V	S 151 N 971.0			1	6312 /
				/	



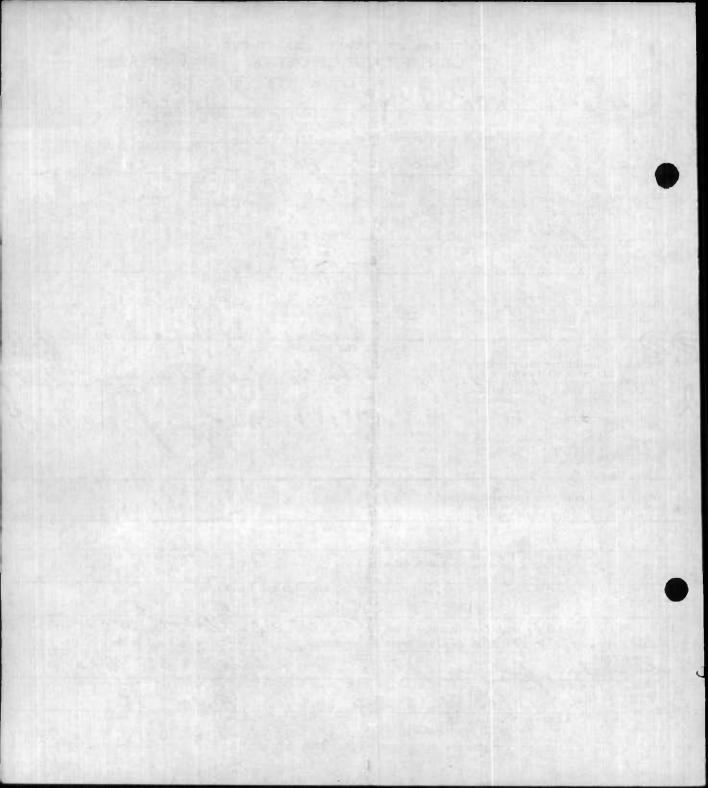
BIRTH NO.			CERTIFICATE	E OF DEATH	Registered	d No.
. NAME OF D	ECEASED				2. DATE	
Type or Print)		JOSEPH :	S. BOUDER		OF DEATH	Nov. 12, 1951
B. PLACE OF DEATH:  a. Baltimore City, Maryland				4. USUAL RESIDENCE (W	here deceased lived.  B. COUNTY	. If institution: residence before admission)
HOSPITAL OR					outside corporate li	mits, write RURAL and give
INSTITUTION	Long Green N		Home	Aberdeen		townshlp)
		-	Yrs. Mos.	D. STREET ADDRESS (If 202 Parke St.	rural, give location)	1 3 8 8
c. Length of s	tay in Baltimore	7 SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (in years	If Under I Year   If Under 24 Hours
male	white	WIDOW	idowed	Nov. 19. 1868		Months Days Hours Min.
	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
Buyer		Dept.	_	Pennsylvània		
13. FATHER'S N				14. MOTHER'S MAIDEN NA		
	6. Bouder ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	Nancy Schaffer		evenpremed.
(es, no or unknown)	(If you, give war or date	e of service)	SECURITY NO.	Mr. Norman Boi		
18. 153	<b>V</b>		CAUSE	OF DEATH	1)	INTERVAL BETWEEN
100	SE OR CONDITION	DIRECTLY			11	ONSET AND DEATH
	LEADING TO DEA	TH	arco	noma of st	on will	1
heart failu	re, asthenia, etc. It mea	ns the disease			12.	
	ANTECEDENT CAUS	SES	mit.	1 1 7	1118	7.1
DISEASE.			(B) // // // // // // // // // // // // //	nasso a u	1001	
RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
ONDERE	into condition is	.51.	(C)	***************************************	***************************************	
	LE PILL	I Eurobi				
TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
			FINDINGS OF OPER	RATION		20. AUTOPSY?
5		1 01- 51-	CE OF INJURY (	Late WHERE DID (	If in Poltimore Cit	yes No V
	DENT WAS UNDER- R CONTRIBUTING DEATH		.CE OF INJURY (e. g., i. arm,factory,street,office bldg.,		II in baltimore Cit	y, give exact location,
D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
		m.	WORK NOT WHILE		1	
22. I hereb	y certify that I att	tended the	deceased from	J 29,195, to		that I last saw the
deceased a		, 19.5/	and that death occur	rred at, from t	he causes and or	n the date stated above.
23%. SIGNA	lleam O	Stell	sick M.D.	chob 6 Tolany	1 Class	1/117-101
24A. BURIAL, TION, REMOVAL (S Removal		1/	Greenwood Co	em. Lanc	caster, Pa.	
DATE RECEIVE LOCAL REGIST NOV 13	ROST REGISTRAR	SSIGNATU	Williams, M.	25 FUNERAL DIRECTOR	lickne	ADDRESS
VS 150	H 1977 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			9 9 1	16 al	Sinmi
				¥6	Elalt	01/1



ND-	53982			CERTIFICAT	E OF DEATH	Registered	No.
BIRTH	NO.	- Propretty k					
	ME OF D	DECEASED Lut	her Sco	tt -		2. DATE OF DEATH NO	v.12,1951
. Balt		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	
	L NAME	OF (If not in hospit	al or instituti	on, give street address of	Maryland		***
NSTIT	UTION			Hospital Scation		If outside corporate lim	its, write RURAL and giv
7		4940 Eas	stern Av	renue	Baltimore	20-	
				Yrs. Mos.	o. STREET ADDRESS (		
. Len	gth of s	stay in Baltimore	21	Yrs. Mos.	B.C.H. 4940 E	astern Avenue	
s.sex Male		6.COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify	3. DATE OF BIRTH June 16,1873	9. AGE (in years last birthday)	ff Under J Year   If Under 24 Hours   Min.
				ngle OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	Lan CITIZEN OF
		CUPATION (Give kind of of working life, even if retired)	IOB. KIND	INDUSTR		toreign country)	12. CITIZEN OF WHAT COUNTRY
13. FA	THER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	Geo	orge Scott			Virginia Con	encil	
15. WA:	S DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balt:	imore City Ho	ADDRESS.
	,,		,	SECORITI NO.	Records: 4940	Eastern Aven	ne actosta
18.	1/2	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	70	SE OR CONDITION	DIRECTIV	0.1002	J. J. L. K. L.		ONSET AND DEATH
		LEADING TO DEAT	TH	Anton	ional ambitic ormit	in manaulan	4 Irs.
		s not mean the mode oure, asthonia, etc. It mea		9 0	ioscler <b>btic</b> card: ase with failure	to-vascuiar	
		complication which o		OUE TO CISE	ase with latitue		
		ANTECEDENT CAUS	SES				
				Bronc'	hopneumonia		1 Wk.
		S OR CONDITIONS, I		G			
		THE ABOVE CAUSE (A) YING CONDITION LA		E OUE 10			
				(C)			
		11					
		SIGNIFICANT CONDI					
		G TO THE OEATH, BUT DISEASE OR CONDITION					
194	. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
							YES NO X
LY		DENT WAS UNDER-		CE OF INJURY (e. g., arm, factory, street, office bldg		(If in Baltimore City,	, give exact location)
·		(Month) (Day) (Year)	(Hour)	LE. INJURY OCCUR	RED 21F. HOW DID INJU	RY OCCUR?	
	INJURY			WORK NOT WHILE AT WORK		A LA LA LA	
22	I hereb	on certify that I att	anded the	deceased from 9	-2.5 1943 to	11-12 19	51, that I last saw th
da	eanand a	line on 11-12	10 57	and that death occi	erred at 5:05am., from		
		TURE ///			23B, ADDRESS		23c. DATE SIGNED
23,		19.1.0	100	Che Mic	4940 Eastern Ave		11-12-51
	BURTÁL.	Specify	10	24c. NAME OF CEMET		LOCATION (City, tow	n, or county) (State)
- 6	Remov	0 11117	151			Tranklu	1, Verginia
	RECEIVE		SSIGNATU	RE	25. FUNERAL DIRECTO	3	ADDRE\$5
LUCAL	REGIST	151	1 June	1/11: 11:00	Min J. J.E	ikuan + 100	us.
HUY	131	131 77 9	The state of the s	THE CHILD IN SECTION		0 - 0 7	that and
1	/S 150				MAMTIN	a. 1790 - 17	acto!!!! may



CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) BERNARD KOBYLSKI	2. DATE OF DEATH 200. 9 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  1000	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE WIDOWED, DIVORCED (Specify Married)	1 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Julian Kobylski	agatha Buzgilrshi
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	IT INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH  Ly po star mounty  14/7/5/  Premoned Lung 8/1/5/
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT WORK AT WORK	1 9
deceased alive on 100-9, 190, and that death occu	that I last saw the current at 4 P.m., from the causes and on the date stated above.  238. ADDRESS  22c. DATE SIGNED
24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETION, REMOVAL (Specify) nov. 13/31 St Stanish	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Balto. Coty  1 25, FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	John he Woles 401 J. Chester St
vs 150 978	30 477



51	9745

ND-153485 CERTIFICAT	E OF DEATH Registered No.				
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Menasse Levy	2. DATE OF OF DEATH Nov.11,1951				
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admiss	ion)			
B. FULL NAME OF A Baltimore City Hospital legation	C. CITY OR TOWN (If outside corporate limits, write RURAL and				
4940 Eastern Avenue	Baltimore /8-0/ towns	hip)			
c. Length of stay in Baltimore 50 Yrs. Mos. Days					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Single	3. DATE OF BIRTH Jan.15,1881  9. AGE (In years last birthday) Months: Days Hours Months Days Months Da				
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  UNR NOWN  LUNK NOWN	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT U.S. A.	RY7			
13. FATHER'S NAME Abraham Levy (D)	14. MOTHER'S MAIDEN NAME Samsa Cohen (D)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Records: 4940 Eastern Avenue				
18. Egg CAUSE	OF DEATH INTERVAL BETWONSET AND DE				
heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO	nery occlusion 2 Secon stinal obstruction due to adhesions (over)	ds.			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	the ileum wound disruption YES No	x			
□ LYING□ OR CONTRIBUTING□ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from 10-28 1951, to 11-11-, 1951 that I last saw the deceased alive on 11-11, 1951 and that death occurred at 12:25pm., from the causes and on the date stated above					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET TION, REMOVAL (Specify) Out 13/51 Plack Sha	long Emite Channell of	ate)			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Sol Levenson - Brus North au	6W			
VS 150	12413				

See Document File 51-2745 for answer to underlying cause overy

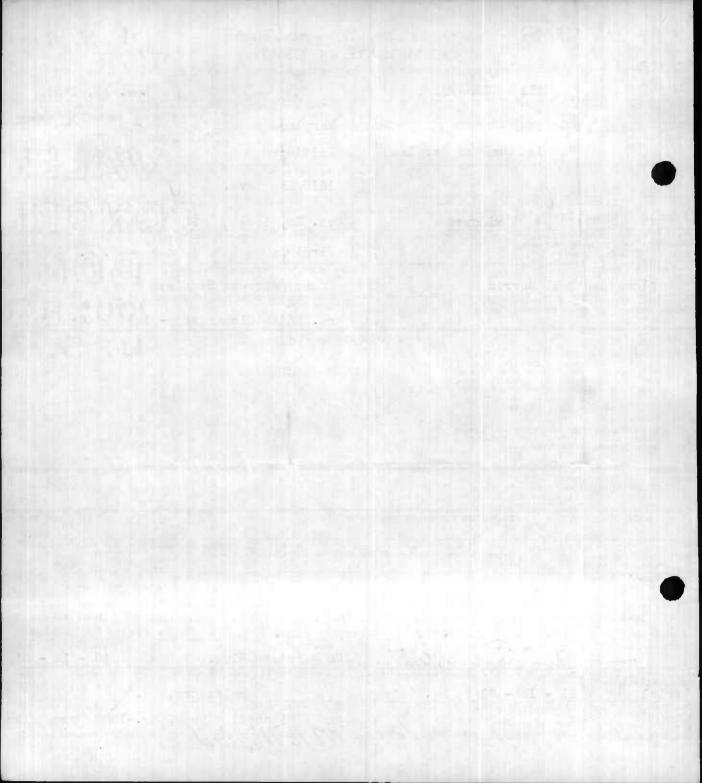
11/20/51

JUO 51 9746

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9746 egistered No.

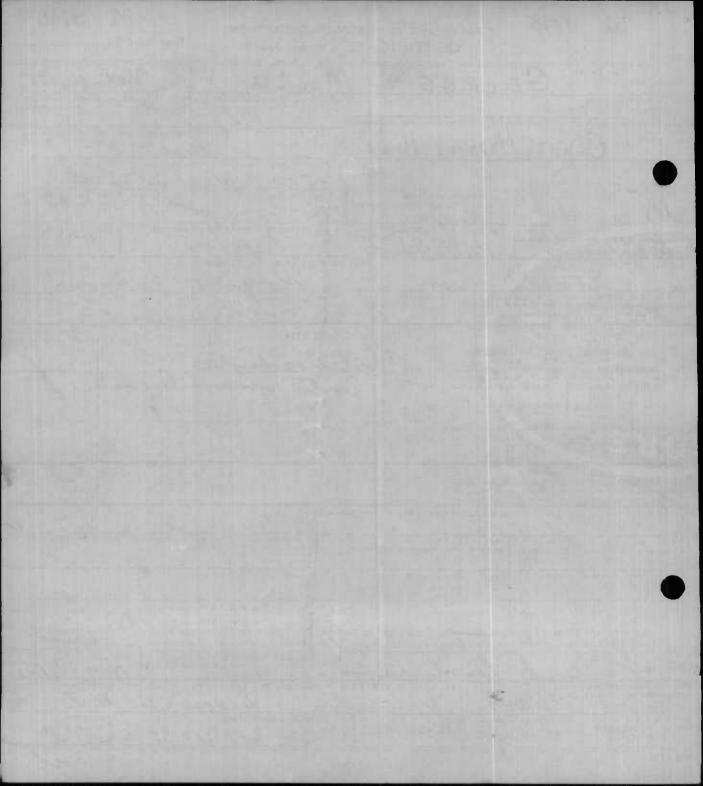
BIRTH NO.			CERTIFICATI	E OF DEAT	H Registered P	
1. NAME OF (Type or Print)	`				2. DATE	
	MART	FAMMA	HAPPEL			10, 1951
3. PLACE OF a. Baltimore B. FULL NAME	City, Maryland	al as in atitud	ion, give street address or	A. USUAL RESIDE A. STATE Maryland	NCE (Where decensed lived, If B. COUNTY NONE	institution : residence before admission)
HOSPITAL OF	?		f Maryland	c. CITY OR TOWN Baltimore	(If outside corporate limit	s, write RURAL and give township)
Longth of	stay in Baltimore		87 Yrs. Mos.	o. STREET ADDRE		
5. SEX	6. COLOR OR RACE	7. SINGLE	Days E. MARRIED,	8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours
female	white	widow	ED, DIVORCED (Specify)	Oct. 26, 18	61   last birthday)   Mo	nths Days Hours Min.
ork done during mo	OCCUPATION (Give kind of st of working life, even if retired) NO	10B. KIND	OF BUSINESS OR INDUSTRY	Virginia	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MA	IDEN NAME	
Alex	ander Hall Har	rris		Nancy Gar	rett Hensley	
15. WAS DECEA	SED EVER IN U, S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
				Mrs. Edith	Richardson - 1411	Linden Ave.
CO DISEAS RISE TO UNDERING OTHER TRIBUTING TO THE	ASE OR CONDITION LEADING TO DEAT less not mean the mode of clure, asthenia, etc. It mea or complication which of ANTECEDENT CAUS ES OR CONDITIONS, if THE ABOVE CAUSE (A) LYING CONDITION LA  SIGNIFICANT CONDI NG TO THE DEATH, BUT OISEASE OR CONDITION	ITH  If dying, e. g  If dying, e. g  If dying, e. g  Itherefore  I	(B) Advan	ced arterio	ar disease sclerosis	18 mos.
J 19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCI LYING CAUSE OI	IDENT WAS UNDER- OR CONTRIBUTING   F DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			give exact location)
INJUR	(Month) (Day) (Year)		NHILE AT NOT WHILE	ED 21F, HOW DID	INJURY OCCUR?	
	eby certify that I att alive on OV	ended the	and that death occur	Oct. , 1949 red at 30. m., 38. ADDRESS 220 Garrison	to Nov. 10, 195 from the causes and on the Blvd.	that I last saw the re date stated above.  23c. DATE SIGNED  10 - 12 - 51
24A. BURIAL. TION, REMOVAL burial	CREMA- 24B. DATE (Specify) 11 - 13		Mt. Olivet			or county) (State)
DATE RECEIV LOCAL REGIS	STRAR REGISTRAR	S SIGNATU	Laura, M.M.	John O.Mitch		ADDRESS 900 Eutaw Plac
VC 150	001			11/10/11	HPLIPIX	



51 9747

BI	RTH NO.			CERTIFICATI	E OF DEAT	H Registered	l No
1. NAME OF DECEASED (Type or Print)  Clara K.Kilbourn  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or						2. DATE OF DEATH NO	v.I0th,I95I
					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. Colly before admission		
H	FULL NAME O OSPITAL OR ISTITUTION	ISI6 Aiken		location)	c. CITY OR TOWN	nore (If outside corporate lin	nits, write RURAL and give township)
C.	Length of sta	ay in Baltimore	Lif	Yrs. Mos. Days		ss (If rural, give location)  ken Street	
	sex Female	White	7. SINGLE	E. MARRIED. (ED DIVORCED (Specify)	8. DATE OF BIRTH	last hirthday)	Months Days Hours Min.
1C	At Ho	working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country) Maryland	U.S.A.
13	Wolfg	ang Einwich	.alaki		14. MOTHER'S MA Unknown	IDEN NAME	
15 (Ye	No or unknown)	EVER IN U.S. ARMEI (If yes, give war or date None	FORCES?	16. SOCIAL SECURITY NO.	Mr.John W.	Leyh- 1816 Aiken	ADDRESS Street
ICATION	(This does heart failure injury or c	C OR CONDITION LEADING TO DEA: not mean the mode of e, asthenia, etc. It mea complication which of NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA	TH f dying, e. g ns the diseas aused death ES F ANY, GIVIN STATING TH	e, (A) Clare e, DUE TO (B) Caste	•••••••••••••••••	yocarletia Le Cardioros	ONSET AND DEATH
CERTIF	TRIBUTING	II GNIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D			
AL	19A. DATE OF	OPERATION   1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
EDICA		NT WAS UNDER- CONTRIBUTING	21s. PLA about home, i	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE D		, give exact location)
2	INJURY	Month) (Day) (Year)	m.	21E. INJURY OCCURRI		INJURY OCCUR?	57, that I last saw the
	deceased ati	ve on ver 10	193 /	10 M.D.	red at 2 mm. 3B. ADDRESS 133(	from the eauses and on Voill the	the date stated above.    23c. DATE SIGNED    // . /2 ~ 57
Z. TI	4A. BURFAL, CI ON, REMOVAL (Sp Buriel	REMA- 24B. DATE ecify)		Ac. NAME OF CEMETE Most Holy Red		24D. LOCATION (City, tov Belair Rd.Balto	vn, or county) (State)
	ATE RECEIVED		1 11.7	Wasse M.	25. FUNERAL DIR George J.Ru	th, Inc1735 Har	ADDRESS CFORD Avenue

rest, Ar t. von		intigod LZii.	Prints	
	MACHEN TO SERVICE STREET			
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	paralytical area to fee			
	general			144
A Service of the serv	Alem edgal i med ell			
	N 1000 P			
		tito taos		



97/19

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF outside corporate limits, write RURAL and give township) HOSPITAL OR location) C. CITY OR TOWN 1638 N. CALVE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | | If Under 24 House last birthday) | Months; Days | Hours: Min. If Under 24 Haus 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) MAY 15, 1877 74 SINGLE MALE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) BALT, MORE, MARYLAND HRMY MAN 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN MOCAR 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, po or unknown) SECURITY NO. 2 W.W.I INTERVAL BETWEEN 20.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21E. INJURY OCCUERED 10. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I certify that I took charge of the remains described above, held an Juspection Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the a and death in my opinion resulted from: natural causes X accident [ ]. suicide [ ]. hombilde

284. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ..

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N.C	REM	OVAL	(Spec	ifv
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U. S. national Geneter REGISTRAR'S SIGNATURE

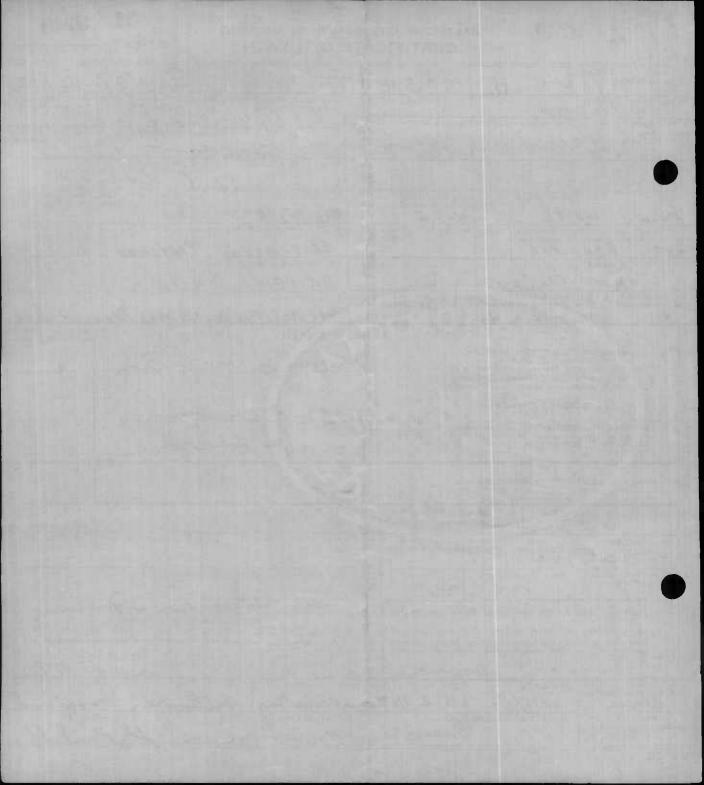
248 DATE

25. FUNERAL DIRECTOR

MEDICAL INVESTIGATOR

DATE RECEIVED BY LOCAL REGISTRAR

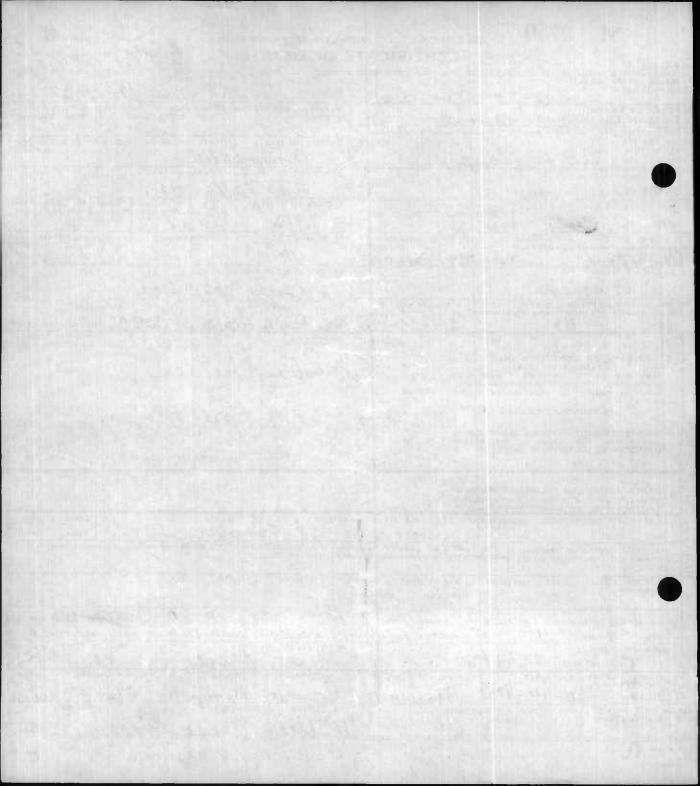
. the for Hollians, Hos



51 9750

Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF 11-11-51 DENCEI DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Usme HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION HNNADO Yrs D. STREET ADDRESS (If rural, give location) CM os. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCI ALION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ork dang during most of working life, even if retired) Chauffeur 13. FATHER'S NAME HARDWARE" 14. MOTHER'S MAIDEN NAME nomaa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO GOTTS COURT HUNG 10 INTERVAL BETWEEN 18. 50X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE 1957, to 11 -10 . 193 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 1/-10-3, 1957, and that death occurred at m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) CREMATORY 24B. DATE 24C. NAME OF CEMETERY OR Dural DATE RECEIVED SY ADDRESS LOCAL REGISTRAR

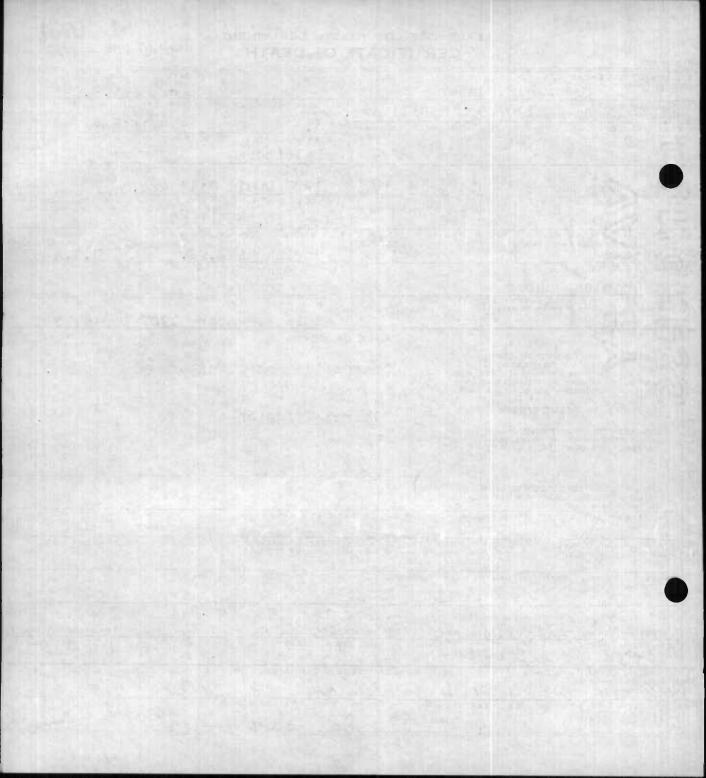
1 VS 150 6836T ANNAPOLIS, MARYLAND



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9751 Registered No.

ВІ	RTH NO.	•		CERTIFICATI	OF DEATH		
1. NAME OF DECEASED (Type or Print)					Miles and San Shield	2. DATE OF	
George E.Hunter						DEATH NO	v.9,1951
3. A.	Baltimore City	y, Maryland 19	07 Dru	aid Hill Ave	4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	before admission)
В.	FULL NAME OF			ion, give street address or	Md.	Balti	
	STITUTION	37		location)		outside corporate limit	s, write RURAL and give township)
	7-7	X	2-77-31		Baltimore	14-	0.3
			A 2 A	Yrs. Mos.	o. STREET ADDRESS (If		
_				25-30 Yr Mos.		Hill Ave.	( N-4. 1 V   1 M N - 4.   D. N
ຽ.	SEX 6.	COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		onths Days Hours Min.
	M	C	Marri		June 30,1885	66	
		PATION (Give kind of orking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Waiter			Hotel	Spring Mill		U.S.A
13	FATHER'S NAM				14. MOTHER'S MAIDEN N.	AME	\/
		les Hunte:			Annie		V
15 (Ye	WAS DECEASED I	EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
					Katie J.Hunt	er 1907 D:	ruid Hill
	18. 003.	1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION					The second second
		EADING TO DEAT of mean the mode of		g., (A) Cong	estive Heart Failure		6 Mo.
	heart failure, injury or co	asthenia, etc. It mea implication which o	ns the diseas	se,			
10		NTECEDENT CAUS					54
z	Pleural Effusion					4 Mo.	
5		R CONDITIONS, I					
.A.		IG CONDITION LA					
FIC				(C)	X		
RTIFICATION	OTHER SIG	II NIFICANT CONDI	ITIONS CO	N.			
111	TRIBUTING T	O THE DEATH, BUT	NOT RELAT	ŁD .			
U	19A. DATE OF			FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	No	ne					YES NO X
EDICAL	21A, ACCIDENT HOMICIDE	r, SUICIDE, (Specify)	21B. PL/	ACE OF INJURY (e.g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
ME		None					
-	ON TIME (Me	onth) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
K	MOOKI		m.	WHILE AT WORK NOT WHILE			
	22. I hereby	certify that I att	ended the		g 16 , 151 , to No	v.9,1951 <sub>19</sub>	. that I last saw the
	deceased alive	eon, Nov. 9	1951	and that death occur	rred at 3 Pm., from t	he causes and on t	he date stated above
	224/SIGNATIU	BE //	)	171   2	39. ADDRESS		239 PATE SIGNED
	Meny	Meno		м. D.	err 1:. Oardy bu		of one of debay of the
2	BURIAL CRE	EMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	, or county) (State)
H	Rylora	e how. 13	3-51	Lynch	urg	Va	
	ATE RECEIVED I				25. FUNERAL DIRECTOR	638	ADDRESS
	NOV 13133	31	ton 14m	上海上的沙门门	Jamesasto	ujes ,	· Velenor of
	VS 150				100	٥	10
1				184	&B		11012
					V		



1. NAME OF DECEASED (Type or Print)

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

GAUVIN

JOSEPH

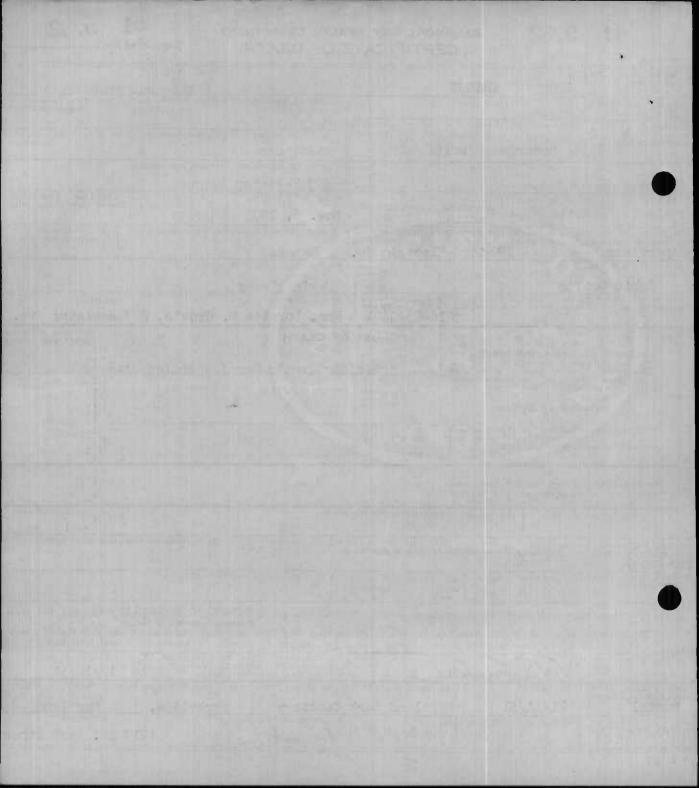
51 9752 Registered No.

2. DATE

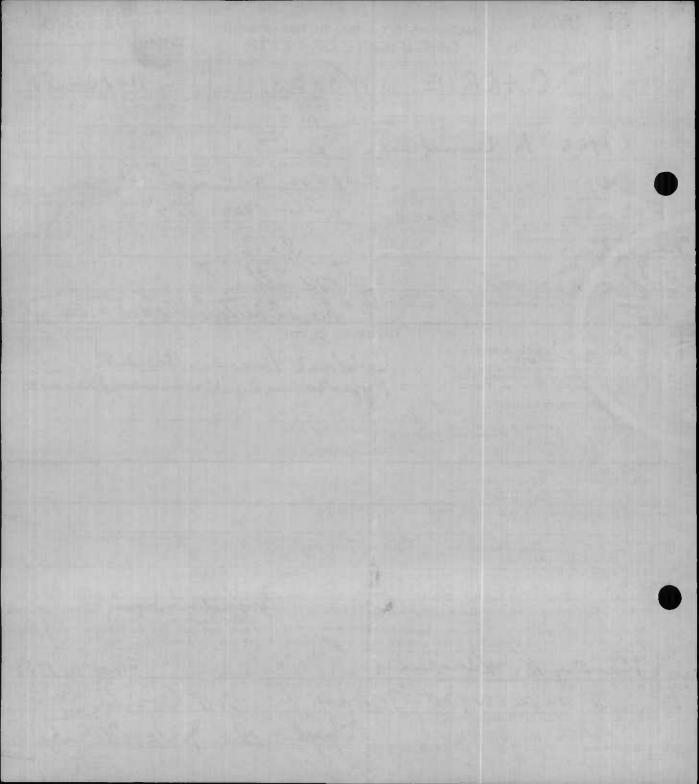
OF

DEATH November

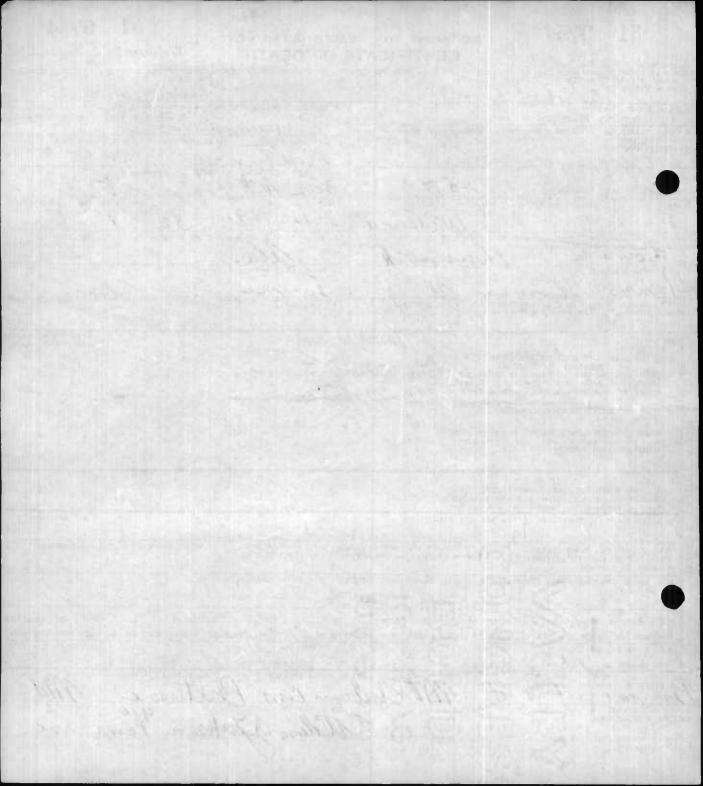
4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY / before admission) A. STATE A. Baltimore City, Maryland Hallemore Marvland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give location) HOSPITAL OR C. CITY OR TOWN township) INSTITUTION Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 807 Register Avenue th of stay in Baltimore Days 8. DATE OF BIRTH 9 AGE (in years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE Male White Nov. 6, 1901 Married 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) WHAT COUNTRY ork done during most of working life, even if retired) INDUSTRY Supervisor Western Electric Co. Canada 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Aubin Gauvin Regina Casey 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) | (1f yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT 216-03-0401 (Yes, no or unknown) Mrs. Loretta M. Gauvin. 807 Register Ave. INTERVAL BETWEEN CAUSE OF DEATH 18. L 22.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Arteriosclerotic Cardiovascular Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ , accident ], suicide ], homicide ]. undetermined ]. 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER ....X 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24C. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4B. DATE Moreland Park Cemetery Parkville. Maryland burial 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY Lastington Hollasis, M. H. Nm. Cook, Inc 1217 St. Paul Stree 2903M V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED LARRIE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos th of stay in Baltimore Days 6 COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | | Under 24 Hours | last birthday | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 1904 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) WHAT COUNTRY? The done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Yes, no or pulnown) 16. SOCIAL EVER IN U. S. ARMED FORCES? ADDRESS (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an suspect thereon and from Autorsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquery, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Lacident . suicide . homicide . undetermined . 23A. SHINATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



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1	5 -12	UTUT		TIMORE CITY HE	EALTH DEPARTM	ENT Register	
BII	RTH NO.						
	NAME OF DE	ECEASED	_			2. DATE OF	
		Smith,	Ann	118		DEATH	11-12-51
Α.		ity, Maryland			A. STATE	B. COUNT	d. If institution: residence before admission)
	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)		(If outside components	limits, write RURAL and give
	NOITUTITE		. 1	1 /	C. CHITOR TOWN	(II outside corporate	township)
		MINESSITY	HOSP		Haller	MCTL	4000
1			11	Yrs. Mos.	D. STREET ADDRESS	(If raful, give location	
C.		ay in Baltimore	4	Days	102/1-	for	300
5.	F	6. COLOR OR RACE		E, MARRIED, PED, DIVORCED (Specify)	2-12- 18	9. AGE (in year last birthday)	Months Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		177000	suco of	14. MOTHER'S MAID	EN NAME	
4	-Canso	1 Steason	1.00/	Ala	Tomme	5	11/11-
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	<u> </u>	ADDRESS
(				320011111101			
RTIFICATION	(This does heart failur injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA not mean the mode or re, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A)	TH of dying, e. g ans the diseas caused death SES  F ANY, GIVIN STATING TE	(B)	OF DEATH		ONSET AND DEATH
ERT		IGNIFICANT COND					
Ö	TO THE DI	SEASE OR CONDITION	CAUSING I	т			20. AUTOPSY?
ادا		/	198. MAJOR	FINDINGS OF OPER		0	
ш	VI-1-51  Nothing, roly performed gualiortomy  VES NO L  21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. k., in or 21c. WHERE DID (If in Baltimore City, give exact location)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?						
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE  MORK  M							ERHA
	22. I horoh	u certifu that I at		deceased from //	-/ 1951	to 11-12	1951, that I last saw the
	deceased al	live on 11-12	195/	and that death occu	rred at 120 Pm t	rom the causes and	on the date stated above.
	23A. SIGNAT		, 10	LIEU CHUU GOUGH GOOK	23B. ADDRESS		23c. DATE SIGNED
	Jos	end CF.D	qual	Q M. D.	Universe	le Horp.	11-12-51
24 XX	A. BURIAL .C	CREMA- 24B. DATE peeify)	31	24C. NAME OF CEMETE	ERY OR CREMATORY	LAND LOCATION (City.	town, or county) (State)
	ATE RECEIVED		'S SIGNATU	JRE	25. FUNERAL DIREC	TOR 9	16 ADDRESS
280	1	STATE STATE OF THE	to 7.14	· · · · · · · · · · · · · · · · · · ·	William On	ackson t	una and
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BI	51 9755 BALTIMORE CITY HE. CERTIFICATE		51 Registered No.—	9755				
	NAME OF DECEASED ABRAHAM CLINT		OF DEATH NOV	10.1257				
B. HC	PLACE OF DEATH: Baltimore City, Maryland 610 4 ergs of Struct address or location)  FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION  Yrs.	4. USUAL RESIDENCE (When A. STATE C. CITY OR TOWN (If outs	e deceased lived. If institute B. COUNTY side corporate limits, write the control of the control	hefore admission)				
c.	gth of stay in Baltimore Mos. Days			Year   If Under 24 Hours				
5.	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	7-3-1933	last birthday) Months	Days Hours Min.				
	A. USUAL OCCUPATION (Give bind of done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forcig	n country)   12. C	CITIZEN OF WHAT COUNTRY!				
13	MAS DECEASED EVER IN U. S. ARMED FORCES 1/6, SOCIAL		uns. E	a V				
(Ye	(If yes, give war or dates of service) SECURITY NO. 253-12-4329	Mrs Jula Robs	nson Fairve	S. Newark				
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	lmonay Tul		NTERVAL BE™EEN				
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
L C	19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY7				
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  21b. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give Injury OCCUR?)							
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY O	CCUR?					
	22. I certify that I took charge of the remains described a the evidence obtained by said Autorsy, Inspection or I and death in my opinion resulted from: natural causes	Autobsy, Insp nguiry, find that said deced	pection or Unquiry ased died on the da	ercon and from y stated above ermined .				
	23A. SIGNATURE	238. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA D. MEDICAL INVESTIGATOR	MINER DI 23C. DA	TE SIGNED				

240 LOCATION (City, town, or county)

ADDRESS

25. FUNERAL DIRECTOR

V S 151

DATE RECEIVED BY LOCAL REGISTRAR 48. DATE

REGISTRAR'S SIGNATURE

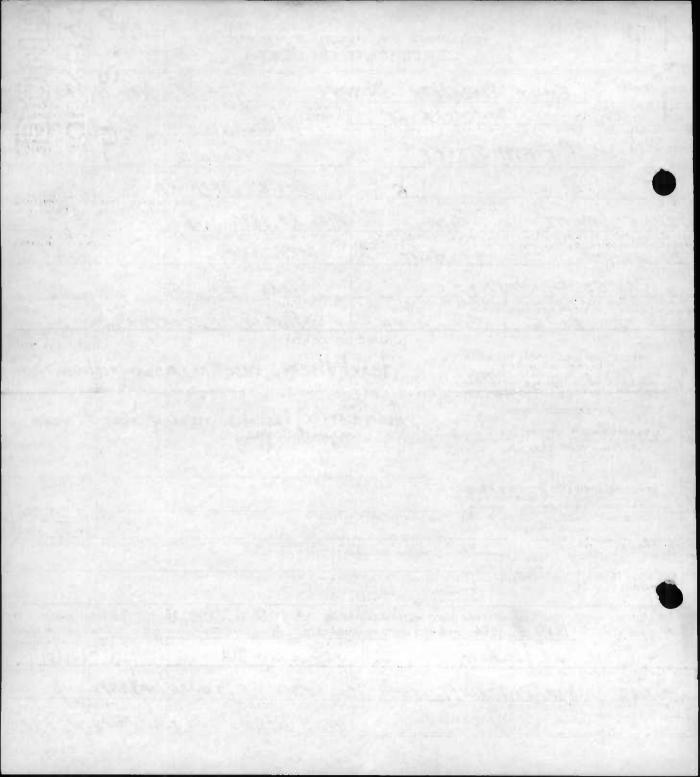
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# BALTIMORE CITY HEALTH DEPARTMENT

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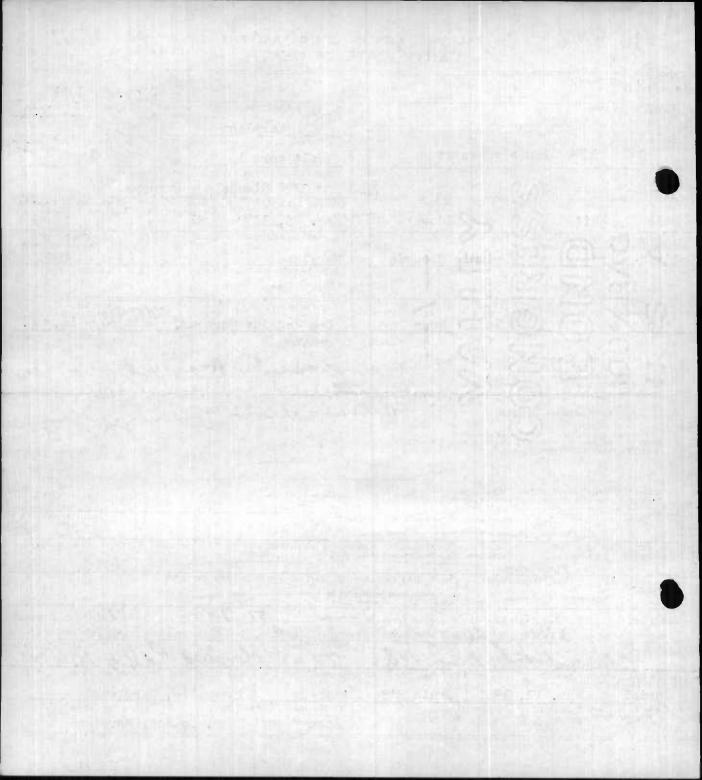
BIRTH NO.			CERTIF	FICATI	E OF DEAT	H	Registere	a No	
1. NAME OF D (Type or Print)	EMILY	EMZ	PBETH	DUN			2. DATE OF NO	y. 11	,1951
a. PLACE OF D a. Baltimore ( B. FULL NAME	City, Maryland		ORE A		4. USUAL RESIDE	LAND	B. COUNTY	D	tution; residence before admission; TIMORE
HOSPITAL OR	3806 FIFT			location)	C. CITY OR TOWN	Tow.		imits, wr	te RURAL and give township
c. 1 th of s	tay in Baltimore			Yrs. Mos. Days	501 W	. Jop	PA RP.	)	5300
FEMALE	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORC		MAY 20,18	390	9. AGE (in years last birthday)		
	CUPATION (Give kind of of working life, even If retired)		OF BUSINE		MARY LA	State or for	eign country)	12	CITIZEN OF WHAT COUNTRY
13. FATHER'S I	IES E. Du	NPHY			MARY	E.	LEE		
15. WAS DECEAS Yes, no or unknown)	ed ever in U, S. ARMEI (If yee, give war or date	D FORCES? a of service)	16. SOCIA SECUR	RITY NO.	17. INFORMANT	r K	ECORPS	ADDR	ess et
No Disease Rise To UNDERL UNDERL OTHER SELECTION OTHER SELECTI	s not mean the mode cire, asthenia, etc. It means the mode complication which antecedent CAUS OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  II  SIGNIFICANT COND TO THE DEATH, BUT	ans the diseas caused death SES  F ANY, GIVIN STATING THAST.  ITIONS COT NOT RELATI	(B) (B) (C)	Heartd	isease, vaccing and type			white	1 year
. 19A. DATE C	OF OPERATION		FINDINGS	OF OPER	RATION				20. AUTOPSY?
HOMICIDE  21D. TIME NJURY  22. I herel	(Month) (Day) (Year  Ou certify that I at live on NIN 5	sbout home, to tended the	ACE OF INJURY arm, factory, stre 2 IE. INJURY WHILE AT work  deceased f and that de	OCCURR NOT WHILE AT WORK  rom eath occur	ED 21F. HOW DID	NO N	m 11 1	9 <b>£1</b> , th	at I last saw th
24A. BURIAL, TION REMOVAL (I	CREMA- 248. DATE	-1961	PROSPE	M. D.  DE CEMETE	Trusmy RY OR CREMATORY	-	CATION (City, to		
DATE RECEIVE		Fill:	JRE		25. FUNERAL DIR	ECTOR		AD	DRESS



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

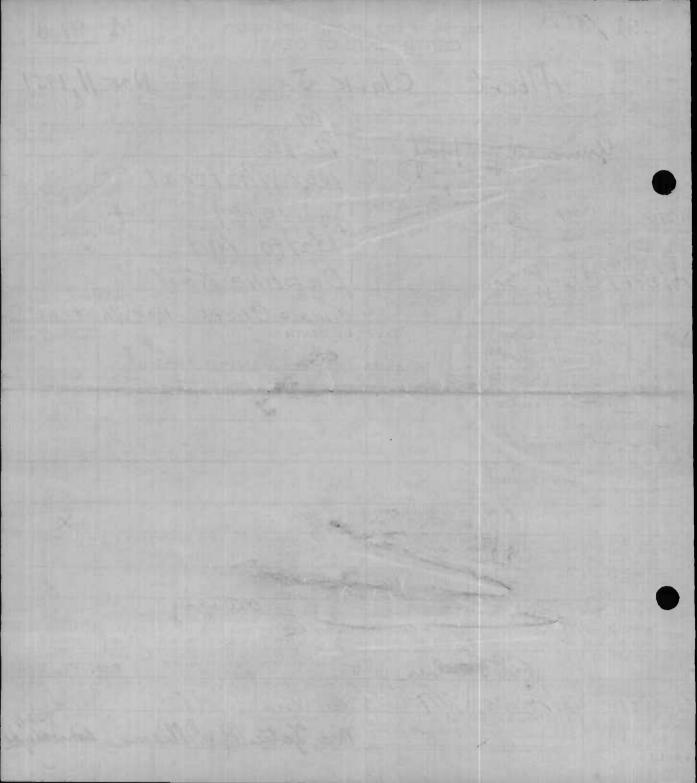
51 9757

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE ELIJAH BURNHAM Nov. 9, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 3200 Glendale Avenue Baltimore 14 p. STREET ADDRESS (If rural, give location) Yrs. Mos. 3200 Glendale gth of stay in Baltimore Avenue Days 9. AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Feb. 25, 1870 Mala White 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY etired- Gardner Priwate Grounds Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elijah Burnham Mary Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 3200 Glendal Baltimore I 17. INFORMANT SECURITY NO. No Lee Jenkins Burnham None None INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED INJURY WORK 195/ to 9Nov 22. I hereby certify that I attended the deceased from June . 195 that I last saw the 6 m, from the causes and on the date stated above. deceased alive on 3 Nov 1951, and that death occurred at\_ 238. ADDRESS 23C. DATE SIGNED 23A. SIGNATURE 24. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Druid Ridge Cometery Pikesville, Maryland Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Think they ton I folde dulate, the John Burns' Sons, Towson, Maryland



# BALTIMORE CITY HEALTH DEPARTMENT 51 9758 CERTIFICATE OF DEATH Registered No.

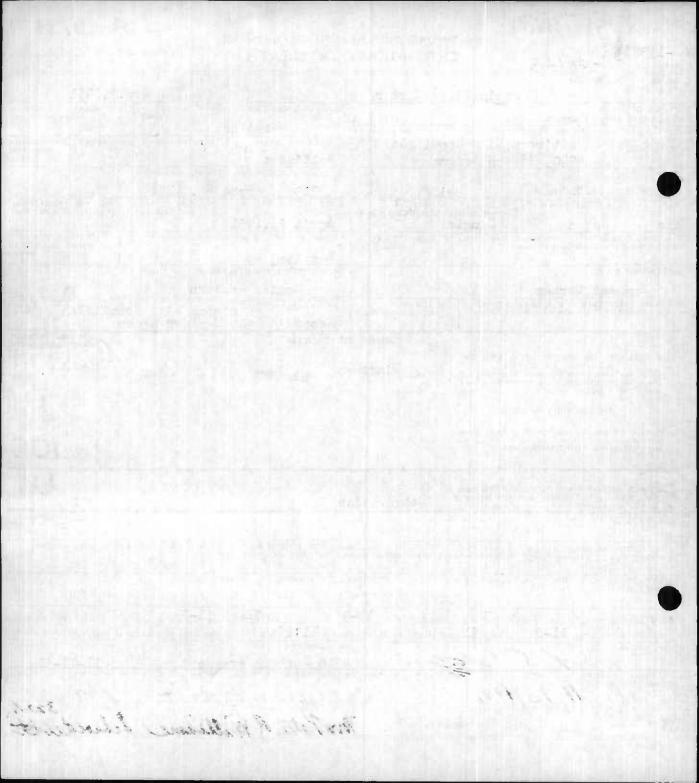
31F	RTH NO.
	NAME OF DECEASED Albert Clark Jr 2. DATE OF DEATH NOV 11. 1951
١	PLACE OF DEATH:  A. USUAL RESIDENCE (Where deceased lived, If institution: residence admission)  A. STATE  B. COUNTY  Defore admission)
10	FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
-	Greenty Trs. D. STREET ADDRESS (If ryral, give location)
c.	th of stay in Baltimore Mos. Joo 8 What coat St.
5. 1	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years last birthday) Months: Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
E	Ibert Clark Sr. Daphne Keel
Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? Ino or unknuwn) (If yes, give war or dates of service)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	18. 475 X CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  Oue To
	ANTECEDENT CAUSES
2017	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)
o line	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
ן נ	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?
¥ )	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  21B. PLACE OF INJURY (e.g., in or Injury OCCUR?)  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?
IM	2 ID. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT NOT WHILE AT AT WORK AT WORK
	22. I certify that I took charge of the remains described above, held an autopy thereon and from
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes $X$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
	23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER X 23c. DATE SIGNED  ASSISTANT MEDICAL EXAMINER V 23c. DATE SIGNED  M.D. MEDICAL INVESTIGATOR Nov. 11, 1951
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county), (State)
DA	THE RECEIVED BY PEGISTRAR'S SIGNATURE  CAL REGISTRAR  Many Kates R Williams L Ashrodovise
V	S 151
	104a



BALTIMORE CITY HEALTH DEPARTMENT ND-153784 CERTIFICATE OF DEATH Registered No. BIRTH NO. 51-08122 1. NAME OF DECEASED 2. DATE Reginald(N) Carter Nov.9,1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 213 N. Bruce St. (23) gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours: Min. WIDOWED, DIVORCED (Specify) Single Male Negro 6 April 11,1951 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Newborn Raymond Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals SECURITY NO. Records: 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Diarrhea (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Dehydration TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID (If In Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 11-9 19 51 to 11-9 . 19 51, that I last saw the deceased alive on 11-9 19 51 and that death occurred at 11:15am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 4C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

DATE RECEIVED BY

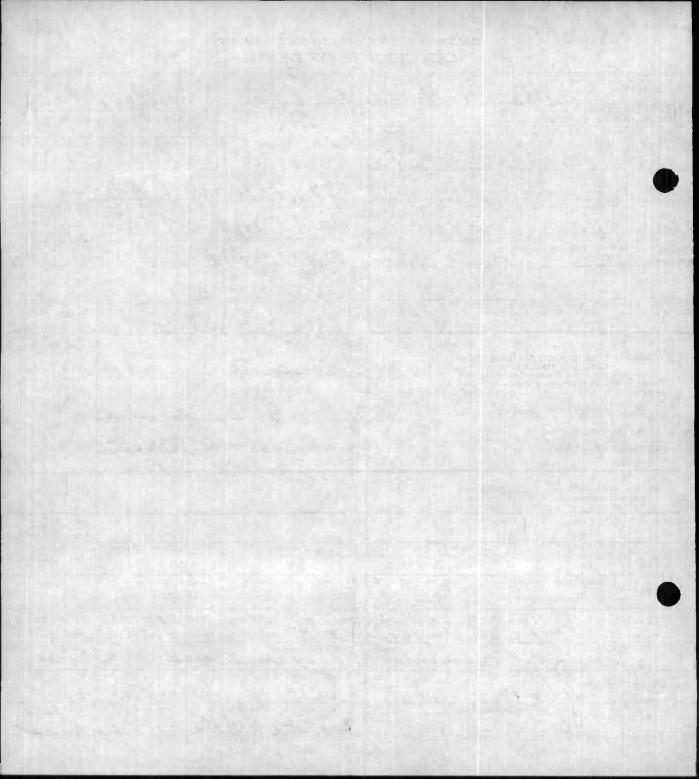
REGISTRAR'S SIGNATURE



1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased light. If Astrution; residence of DEATH: 5. PLACE OF DEATH: 6. COLOR OF RACE (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) 6. Length of stay in Baltimore 6. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 7. SINGLE, MARRIED. 7. SINGLE, MARRIED. 7. SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 7. SINGLE, MARRIED. 7. SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 8. SEX (S. COLOR OF RACE TO SINGLE, MARRIED. 9. AGE (In visicle corporate limits, write RURAL and crive township) 9. AGE (In visicle corporate limits, write RURAL and crive township) 10. AUTHOR OF BUSINESS (If tursil, give location) 10. AUTHOR OF BUSINESS (If tursil, give location) 10. AUTHOR OF BUSINESS (If tursil, give location) 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF TOWN (If cultable country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. MOTHER'S MAIDEN NAME 18. SOCIAL 19. MOTHER'S MAIDEN NAME 19. AUTHOR OF SURVEY OF SURV
A. SPLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Institution)  B. FULL NAME OF (If not in hospital or institution, give street address or Institution)  B. FULL NAME OF (If not in hospital or institution, give street address or Institution)  B. FULL NAME OF (If not in hospital or institution, give street address or Institution)  B. FULL NAME OF (If not in hospital or institution, give street address or Institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. SEX (If rural, give location)  B. SEX (If rural, give l
B. FULL NAME OF (If not in hospital or institution, give street address or hOSPITAL OR INSTITUTION)  B. FULL NAME OF (If not in hospital or institution, give street address or hOSPITAL OR INSTITUTION)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give township)  C. LEVICK TOWN (If outside corporate limits, write RURAL and give townshi
C. CITTOR TOWN (If outside corporate limits, write RURAL and give township)   C. CITTOR TOWN (If outside corporate limits, write RURAL and give township)   C. CITTOR TOWN (If outside corporate limits, write RURAL and give township)   C. STREET ADDRESS (If rural, give location)   C. STREET ADDRES
S. STREET ADDRESS (If rural, give location)  Mos. Days  D. DATE OF BIRTH  9. AGE (In year list list list list birthday)  Months; Days Hours Min.  Months; Days Months; Days Months; Days Months; Days Months; Days Min.  10A. USUAL OCCUPATION (Give kind of particular list list birthday)  10A. USUAL OCCUPATION (Give kind of particular list list birthday)  10A. USUAL OCCUPATION (Give kind of particular list list birthday)  10A. USUAL OCCUPATION (Give kind of particular list list birthday)  10A. USUAL OCCUPATION (Give kind of particular list list birthday)  10A. USUAL OCCUPATION (Give kind of particular list list birthday)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS 34.0  SECURITY NO.  18. 5. 2. X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, c. g., leart failure, authenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE OCATH, BUT NOT RELATED TO THE OCATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
C. Derigth of stay in Baltimore  5. SEX  6. COLOR OR RACE  MIDOWED, DIVORCED, (Specify)  MIDOWED, MIDO
S. SEX    6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)   8. DATE OF BIRTH   9. AGE (In Search WIDOWED, DIVORGED (Specify)   9. ADE (Specify)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, go or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS 349
Tes, no or unknown)  (II yes, give war or dates of service)  SECURITY NO.  SECURITY NO
Tes, no or unknown)  (II yes, give war or dates of service)  SECURITY NO.  SECURITY NO
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
TO THE DISEASE OR CONDITION CAUSING IT.
1 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER.  21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING   about home, farm, factory, street, office bidg., etc.)   INJURY OCCUR?
21p. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   21s. HOW DID INJURY OCCUR?
INJURY  MHILE AT NOT WHILE  AT WORK  AT WORK
22. I hereby certify that I attended the deceased from GX-27, 1957, to 2001, 1957, that I last saw th
deceased alive on 2007.1, 1957, and that death occurred at 125m., from the causes and on the date stated above
Ellenford 1. housender, D. 2209 Dried Kill 11.12.51
24A. BURIAL, CILEMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 322 V
Mrs Katie R. Williams Scherale St.

093FV

1312



B. PLACE OF DEATH: Baltimore City, Maryland

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

Richard Holloman

before admission)

Registered No.

2. DATE OF

DEATH Nov. 10, 1951
4. USUAL RESIDENCE (Where deceased lived. If institution: residence

B. COUNTY

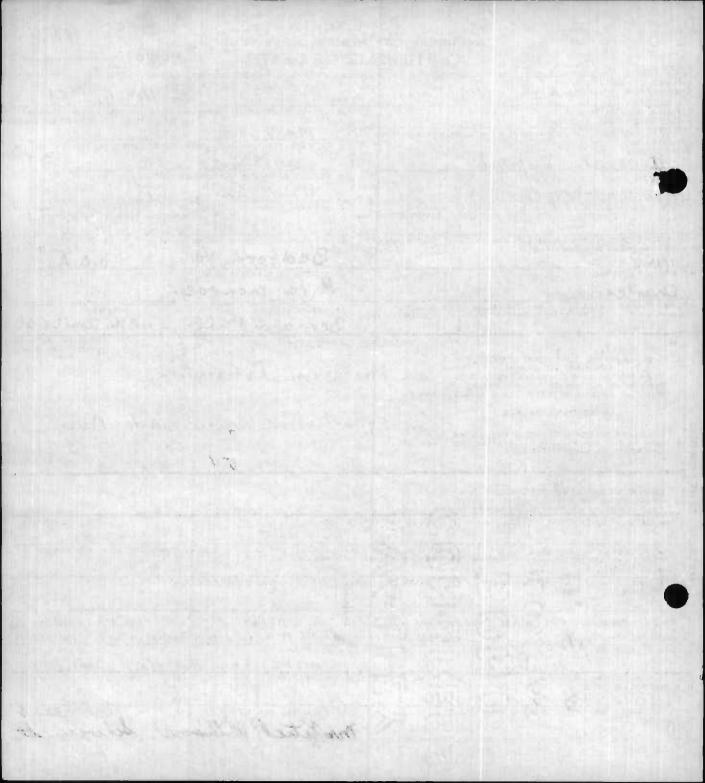
FULL NAME OF un not in hospital or institution, give street address or	sr A Tauc	
HOSPITAL OR Baltimore City Hospitals location)	C. CITY OR TOWN (If outside corporate limits, write RURA	L and give
4940 Eastern Avenue	Baltimore (Sep4	township)
Yrs.	o. STREET ADDRESS (If rural, give location)	
E. Bangth of stay in Baltimore Life Days	1604 W. North Ave. (17)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		Inder 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Ho	urs Min.
Male Negro Single	Aug. 7, 1919 32	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired).	11. BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT C	OF OUNTRY?
Labonen	Maryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Richard Holloman	Carrie Fitzgerald	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL		
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Records: 4940 Eastern Avenue	
18. 5 2 7 V CAUSE C	DE DEATH INTERVAL	BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET A	NO OEATH
	le Brain Tumor	
heart failure, asthenia, etc. It means the disease.	Duration of Symptoms 2 wk	8.
injury or complication which caused death.)	- and a four of a full of the four of the	
ANTECEDENT CAUSES		
Z (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
UNDERLYING CONDITION LAST.		
(C)		
	a <sup>y</sup>	
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION   20. AU	TOPSY?
	YES K	NO 🗌
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in		ation)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	to.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
INJURY WHILE AT NOT WHILE		
m.   WORK L AT WORK L		
22. I hereby certify that I attended the deceased from 11-9		
deceased alive on 11-10, 1951, and that death occur	red at 4 a.m., from the causes and on the date stat	
23A. SIGNATURE 2	3B. ADDRESS 23c. DATE	SIGNED
L. Cozer M.O. L	4940 Eastern Avenue 11-10-	51
244. BURIAL, CREMA- 248. DATE 245 NAME OF CEMETER	RY R CREMATORY 240 LOCATION (City, town, or county)	(State)
TION REMOVAL (Specify)	Tula Com Todsla. Hid.	
	25. FUNERAL DIRECTOR ADDRESS. MAS Katie R. Williams Schröden	221
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	M. N. +: PI. 101: 11	. 0 4
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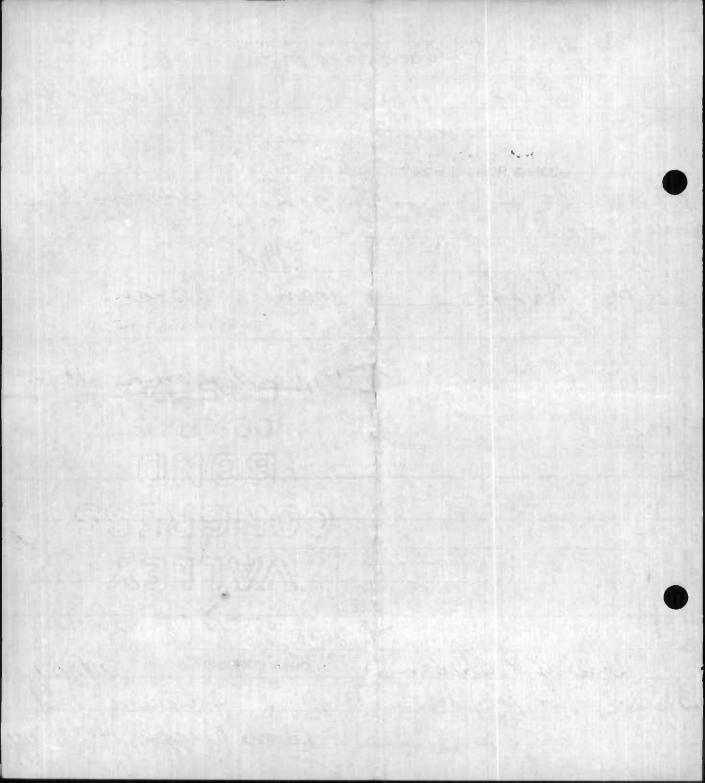
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9762 Registered No.

В	IRTH NO.						
(1	NAME OF D Type or Print)	marka	mg	Ciay		OF DEATH NOV.	11, 1951
Α.		City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, In B. COUNTY	
Н	FULL NAME OSPITAL OR	OF (If not in hospit	tal or institution	on, give street address or location)	C. CITY OR TOWN	D If outside corporate limi	ts, write RURAL and give
10	STITUTION	BSITY HOSP	ital		BAltimo		township)
1		The state of		Yrs.	D. STREET ADDRESS (I		10
		tay in Baltimore	4	Mos. Days	110 N. Am	ity ST.	
5	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	onths Days Hours: Min.
10	DA. USUAL OC	CUPATION (Give kind of	1 10B KIND	OF BUSINESS OR	190 5 11. BIRTHPLACE (State or	foreign country	LIA CITIZEN OF
Dr	k dane during most n	f working life, even if retired)	JOB. KIND	INDUSTRY	Bedford,		12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N				14. MOTHER'S MAIDEN		u.s.A.
	Charle	& Brown	E de la constante de la consta		1/1	roe.	
Ye	o, no or unknowa)	D EVER IN U. S. ARME (If yes, give war nr date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_					Dernard Mc	. Cray. 1101	
	18. 420	/		CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	М.	eardial Info	+'	
	(This does heart failu	not mean the mode ore, asthonia, etc. It mes	of dying, e.g.	(A)	CATCIAI CATA	774 (101	
		complication which					
		ANTECEDENT CAUS	SES	11	+ . 1.	1 4 1.	
2	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)	ANTANSIVE CH	Y 410 - VASCAIA	PISOASA
	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
٥				(C)		***************************************	
-		11					
L L	TRIBUTING	IGNIFICANT COND	NOT RELATE!				
ر		F OPERATION   1		FINDINGS OF OPER	ATION		20. AUTOPSY?
A	TOAL DATE O	. Grenarion	DB. MASOR	FINDINGS OF OPEN	ATTON		YES NO
ב	21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e. g., i		(If in Baltimore City,	
וב	CAUSE OF	R CONTRIBUTING TO DEATH	about Buile, 18	rm, factory, atreet, nffice bldg.,	etc.) INJURY OCCUR?		
-	21D. TIME (	Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
١				HILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I att	tended the	deceased from	11-2 , 1951/to	4-11 ,196	that I last saw the
					rred at 10 A m., from		
	23A. SIGNAT	TURE ) . B	BorgEs	M. D.	UNIVERSITY	HUSPITAL	16/11/57
	4A. BURIAL, C		1 2	4C NAME OF CEMETE	RY OR CREMATORY 2.40	LOCATION (City, town	or county) (State)
1	Burion	11/19/	1951	MY WULT	un Um /3	allo.	1118
	ATE RECEIVE	RAR P7	1 - 517	7)	25. FUNERAL DIRECTOR		ADDRESS 32.2 1.
1	NOV 131	951	charles / //	Universal Alask	Marketell Was	Chiamos &	chrocker &
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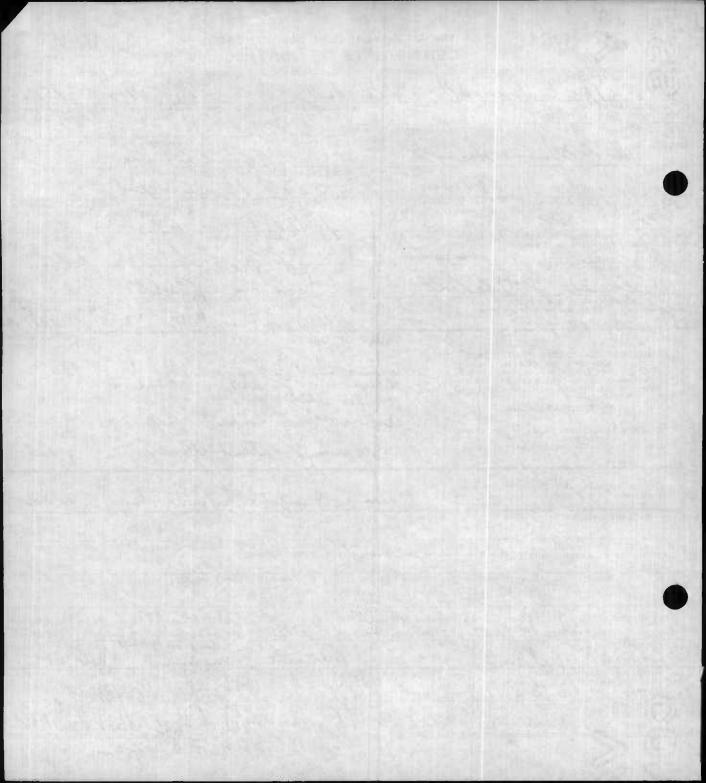


1	162051	9763			EALTH DEPARTMEN' E OF DEATH	r 51 Registered 1	9753
ВІ	RTH NO.		1	CERTIFICAT	E OF DEATH		
	NAME OF DECEA	SED CON	va	Harris	pstraujikaci	2. DATE OF DEATH POS.	11,19-1
	PLACE OF DEATH Baltimore City,			/	4. USUAL RESIDENCE	(Where deceased lived, 1f	institution: residence before admission)
В.	FULL NAME OF		al or institution	on, give street address or		and	-
	STITUTION	JOHNS	HODKIN	location)	Ballens	If outside corporate limit	ts, write RURAL and give township)
C.	Length of stay i	n Baltimore		Yrs. Mos. Days	D. STREET ADDRESS 4	Ra dia	1-0-C/18
-		log or RACE		MACRIED, ED, DIVORCED (Specify)	5-28-14		ff Under 1 Year If Under 24 Hours on this Days Hours Min.
	A. USUAL OCCUPA k done during most of worki		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Wru	aht		hame.	NAMERCONCE	
	. WAS DECEASED EV	ER IN U.S. ARMEE yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHN	S HOPKINS HOS	DDRESS
	18. 203 X			CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not	R CONDITION DING TO DEAT mean the mode o	TH f dying, e.g.	(A) M	ultiple M	Jueloma	1+47.
	injury or comp	henia, etc. It mea lication which c	aused death.				
	ANTE	CEDENT CAUS	ES		· C		
TION	RISE TO THE AE	CONDITIONS, IN BOVE CAUSE (A) CONDITION LA	STATING THE	(B) DUE TO		• • • • • • • • • • • • • • • • • • • •	
ICATI	0110211211110	CONSTITUTE LA	51.	(C)	•••••••••••••••••••••••••••••••••••••••	. *************************************	
ERTIF		II FICANT CONDI					
CE	TO THE DISEASE	OR CONDITION	CAUSING IT				
AL	19a. DATE OF OP	ERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT LYING OR CON CAUSE OF DEAT	MTRIBUTING	21B. PLAC about home, fa	CE OF INJURY (e. g., rm, factory, street, office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	
Σ	D. TIME (Mont)	h) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	J. H.JOK!			HILE AT NOT WHILE WORK			
	22. I hereby cer deceased alive o			leceased from 10 nd that death occur	rred at 30, 1957, to	the causes and on t	I, that I last saw the he date stated above.
	23A. SIGNATURE	Den (	P. Ch		JOHNS HOPK		23c. DATE SIGNED
24	AA. BURIAL, CREMA Di. REMOVAL (Specify		14/5/1	Whaten !	RY OR CREMATORY 24D.	Selling (City, town	or county) (State)
L'A	CAL REGISTRAR	REGISTRAR	SIGNATUR	RE	25 FUNERAL DINECTOR	Rugals	ADDRESS OF
	VS 156	- D	D / / / ( )	and , A Colle	2 5 11	They gree	SSE ST



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Cannoll Mitchell DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) LINDUSTRY WHAT COUNTRY? usa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, pp. pr unkoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO INTERVAL BETWEEN 420:0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., atenoselute anemism DUE TO abdominal a heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Mer 9 1967, to Merio 57, 19, that I last saw the deceased alive on Merio, 1951, and that death occurred at 6 - 1m., from the causes and on the date stated above. 57, 19 , that I last saw the 238. ADDRESS Claim Milmust / 1 23c. DATE SIGNED Beltime 18 Maryland 24C./NAME OF CEMPTERY OR CREMATORY 24p. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 5-FUNERAL DIRECTOR LOCAL REGISTRAR

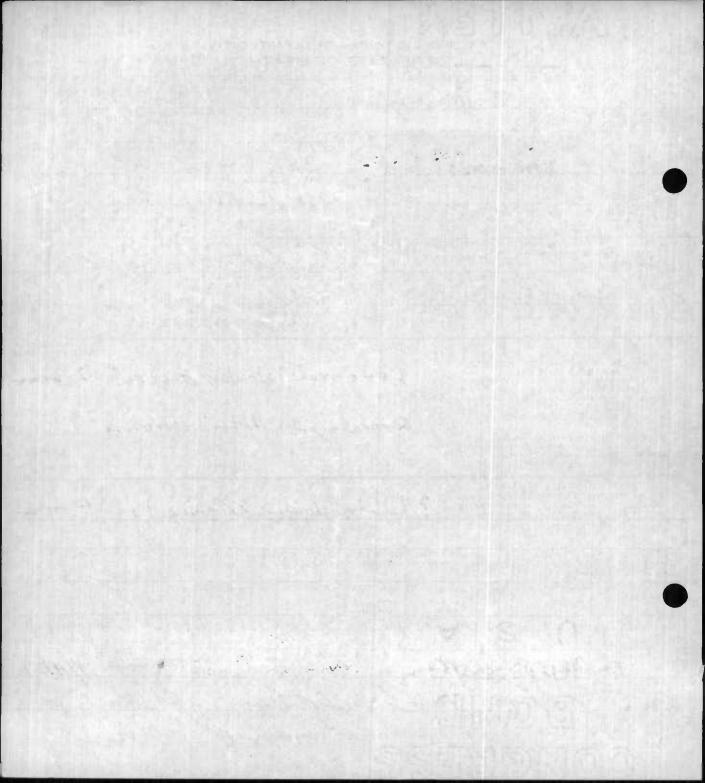
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## BALTIMORE CITY HEALTH DEPARTMENT

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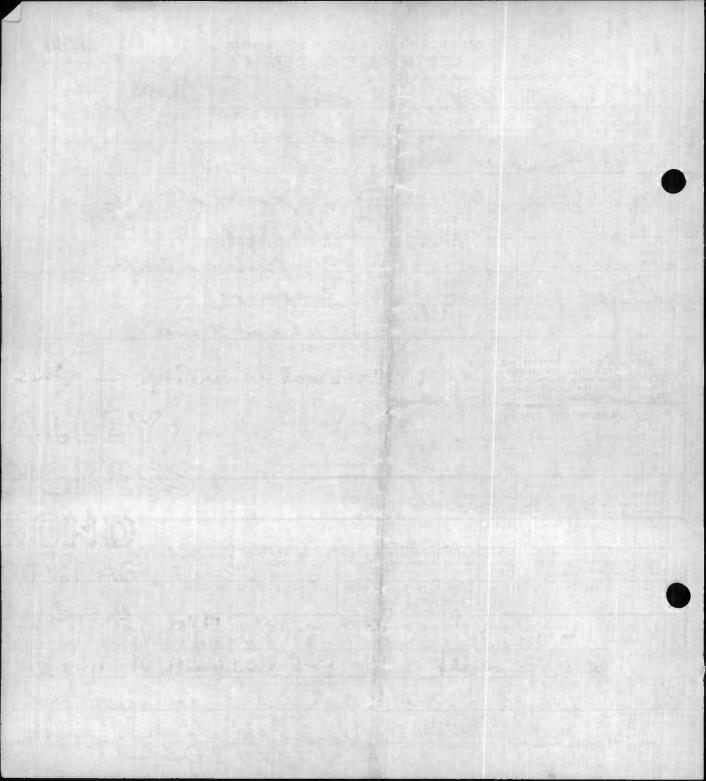
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) Zeta CeTA SMAllIN	ood 2. DATE OF NOV 1	1 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) INSTITUTION					
OHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rural, give location)	township			
c. Length of stay in Baltimore Days	1031 N. CAPEY ST				
5. SEX 6. COLOR DR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify		o l Year If Under 24 Hours Days Hours Min.			
19A. USUAL OCCUPATION (Give kind of the control of		CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	RESS			
	JOHNS HOPKINS HOSPITAL DOES				
neart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ebral Vascular Accident aligal Arteriosclerosis reulous Meningitis	4 mm			
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		YES NO X			
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.					
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-		hat I last saw the			
22. I hereby certify that I attended the deceased from 9-deceased alive on 1-1-, 1951, and that death occu	erred at 130 Am., from the causes and on the c				
Dulley P. Jackson M. D.	JOHNS HUPKINS HUSPITAL	3c. DATE SIGNED			
24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETI	ERY DR CREMATORY 24D. LOCATION (City, town, or	county) (State)			
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	Legisla Director A	Ma.			
NOV 1 31951 structure to Williams, Mars	Samuel W. Sulliva	was.			
VS 150	OFA	114			



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9756 Registered No.

BI	KIH NO.					
	NAME OF DECEAS	Ida	m.	John	reow	2. DATE OF MOU. 11/5-1
3. A.	PLACE OF DEATH: Baltimore City, M	Maryland	(	1		There deceased lived. If institution: residence B. COUNTY before admission)
			or institution, g	ive street address o		octore admission)
H	OSPITAL OR		, ,	location		outside corporate limits, write RURAL and give
IN	STITUTION	24 1	- 01		Bot	o/ township)
	401	House	an		Callemore	2 0 d
				Yrs.		rural, give location)
c.	Length of stay in	Baltimore	386	Mos. Days		t St.
5.	SEX 6.COL	OR OR RACE	7. SINGLE, MA		8. DATE OF BIRTH	9. AGE (In years   If Under 1 Year   If Under 24 Hours
1	2 0	0	WIDOWED, L	OIVORCED (Specif	Seed 1 1873	last birthday) Months Days Hours Min.
16	A. USUAL OCCUPAT	1011(0: 1: 1.0)	mas	rued	2912 1013	18
worl	done during most of working	life, eyen if retired)	IOB, KIND OF	BUSINESS OR INDUSTR	BIRTHPLACE (State or fo	reign country)   12. CITIZEN OF WHAT COUNTRY?
	Housew.	ife !			mostrik	ese Tolerally
13	FATHER'S NAME	1			14. MOTHER'S MAIDEN NA	AME)
	121	16	1			
	1 Dett	- arm	allon	cy	Tenhenoe	vu
15	. WAS DECEASED EVER	IN U. S. ARMED	FORCES?   16.	SCIAL	17. INFORMANT .	ADDRESS
(10	e, no or unendamil) (11 30	os, give war or dates c	i service)	SECURITY NO.	4,1:01	IRA
					William	r. Lell
	18. 33/X			CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR	CONDITION D	IRECTI Y			ONSET AND DEATH
	LEAD	ING TO DEATH		0 -	90.1.	Palsoland
	(This does not m	ean the mode of	dying, e. g.,	(A)	erebrol Come	Arbest Same
	heart failure, asth	enia, etc. It means	the disease,	DUE TO		9
			acce decession,	502 10		
	ANTEC	CEDENT CAUSE	S			
Z						
ATION	DISEASES OR CO					
듸	UNDERLYING C	ONDITION LAST	TATING THE	DUE TO		
O				(C)	0	
L.						
RT	OTHER SIGNIE	11				
ER	OTHER SIGNIFI TRIBUTING TO TH	E DEATH, BUT N	ONS CON-			
Ü	TO THE DISEASE	OR CONDITION	AUSING IT.			
,	19a. DATE OF OPE	RATION A   19	MAJOR FIN	DINGS OF OPE	RATION	20. AUTOPSY?
4						YES NO
Ü	21A. ACCIDENT W	AC INDEL I	21n DIACE	SE INTUINA (	Salate Willens Din (I	
EDICAL	LYING OR CONT		about home, farm, fa	OF INJURY (e. g., ctory,street,office bldg	in or 21c. WHERE DID (I	f in Baltimore City, give exact location)
H.	CAUSE OF DEATH					
2	D. TIME (Month)	(Day) (Year) (	Hour)   21E.	NJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?
K	INJURY	( , , , , , , , , , , , , , , , , , , ,				
			m. WHILE			
	22 Thompha and	. C 17 7 11	7.7.7.7		of 5 1951, to	1951, that I last saw the
	22. I hereby cert				19, 10	
	deccased alive on	DIIDA,	19, and	that death occi	urred atm., from the	he eauses and on the date stated above.
	23A. SIGNATURE	. 0			23B. ADDRESS	23c. DATE SIGNED
	0	· 6 12	wwws	м. D.	171 (3436	thath 01 11-13-51
24	A. BURIAL, CREMA	24s. DATE	24c.		ERY OR CREMATORY   240. L	SATION (City, town, or county) (State)
TH	N, REHOVAL (Specify)	(10)	/	10.10	2 2 /	
_(	Dunal	1100141	5/	Mr. (a	erauxem a	. G. ounts md.
D	ATE RECEIVED BY	REGISTRAR'S	SIGNATURE		25. FUNERAL DIRECTOR	ADDRESS
LC	CAL REGISTRAR	a from which is a	t= 1/11:	WA 11.18	ma Cold	11411 11 0
TL	11991	Personal Street	LEAN LIVER	smark Like.	Mus. FIRT	a clearly knughter
	VS 150	- 6	The state of the	Harris Harris	11.2000	and deal of
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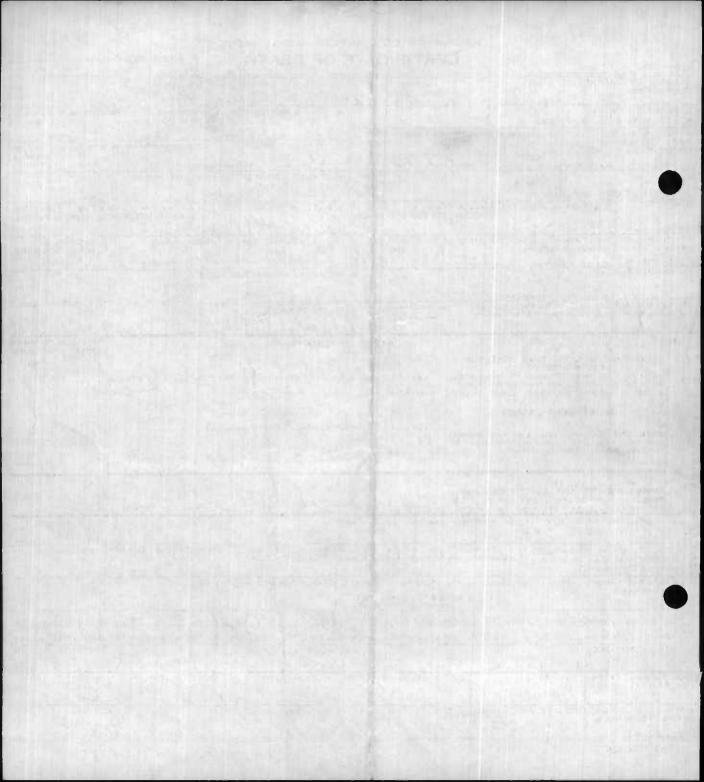


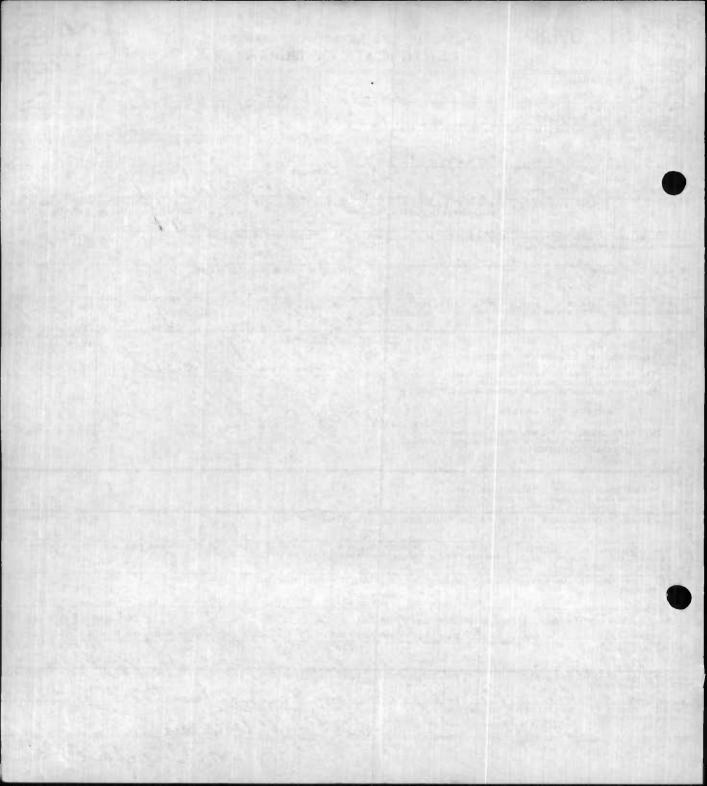
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jih.	2	6	0.		

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. angth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under | Year last birthday) | Months: Days WIDOWED, DIVORCED (Specify) Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTR) WHAT COUNTRY Steel Wor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates nf service) 16. SOCIAL 17. JNFORMANT ADDRESS (Yes, no or unknown) INTERVAL BETWEEN 18. 446X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from\_ , 1951, that I last saw the deceased alive on how, 9 . 1951, and that death occurred at 12:45 am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

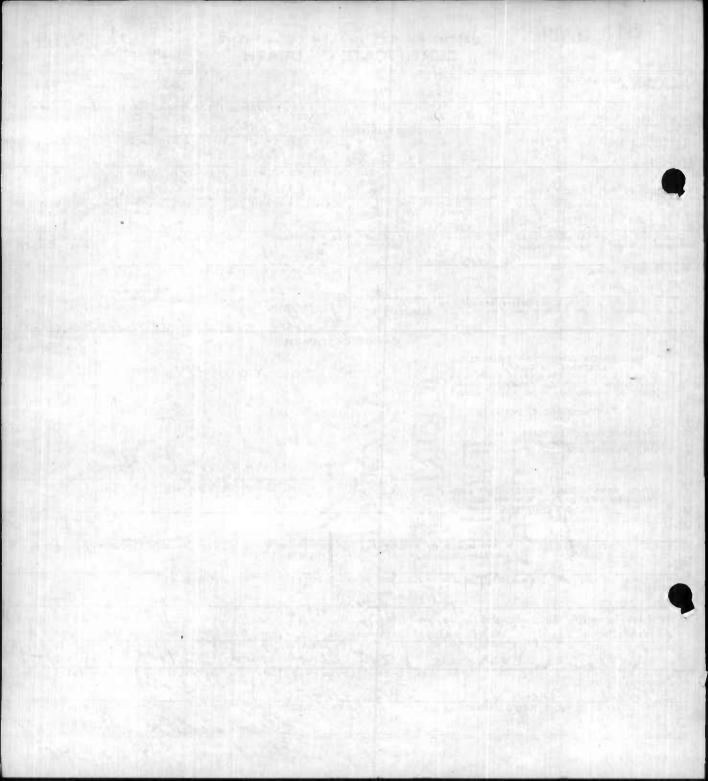
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 91716. owal DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) 1/101 B. FULL NAME OF / (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give tournalin 15/ TR D. STREET ADDRESS (If rural, give location) elle would ngth of stay in Baltimore Days 9. AGE (in years) Il Under 1 Year 6. COLOR OR, RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) idowed 1885 - 65-11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTR iniote 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. 06610 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WORK 15 13 1951, to 10, 1951, that I last saw the 22. I hereby certify that Lattended the deceased from. 11 10, 1951, and that death occurred at P. m., from the causes and on the date stated above. deceased alive on.... 23c, DATE SIGNED 23A. SIGNATURE LOCATION (City, lown, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE CEMETERY OR CREMATORY 24D. 24c. NAME OF ~ DURIAL - REEN MOUNT DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

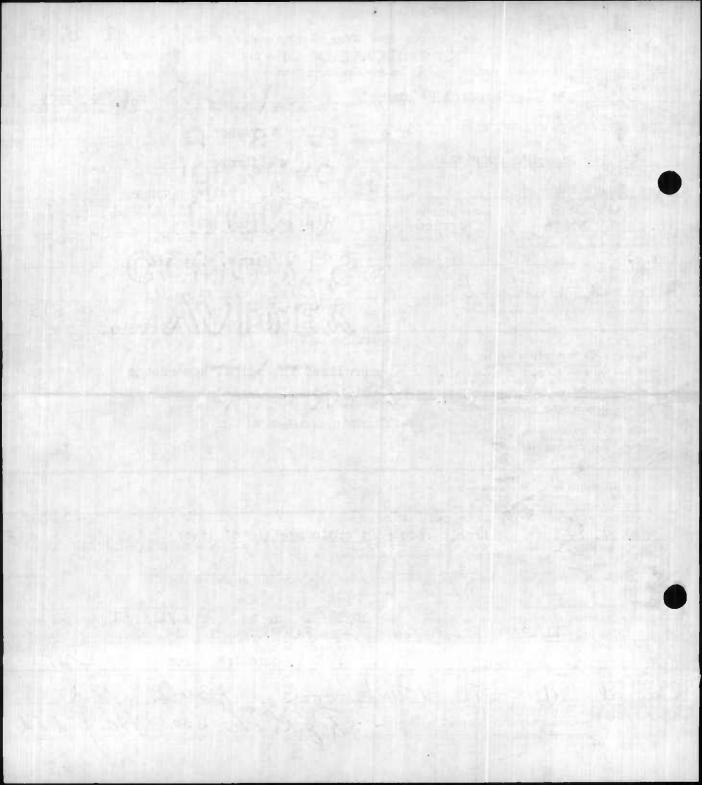


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# CERTIFICATE OF DEATH Registered No...

51 9770

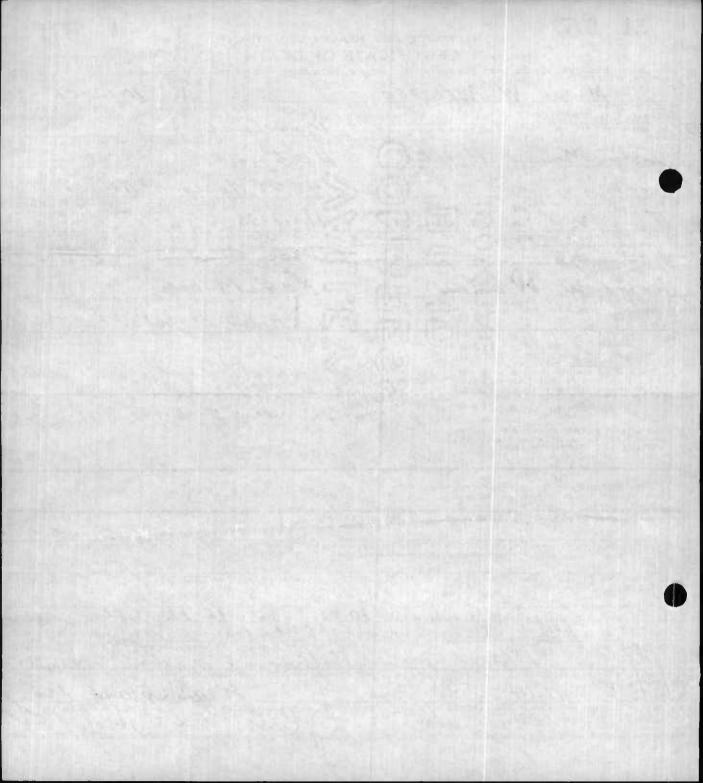
BIRTH NO.			OLIVIII IOMI	L OI DEAII		
1. NAME OF I				2. DATE		
(Type or Print)	Nellie	Margare	et Heilman	DEATH NAV. 12. 1961		
A. Baltimore				4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission		
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
111	St. Joseph's	Hospit	al	Balti	more 27	-/6 township
c Oorth of	stay in Baltimore		Yrs. Mos.	o. STREET ADDRESS (If rural, give location)		
5. SEX	6. COLOR OR RACE	7. SINGLE	Days Days	513 Rossiter Avenue   8. DATE OF BIRTH   9. AGE (In years)   H Under I Year   H Under 24 Hours		
WIDOWED, DIVORCED (Specify)			last birthday) Months: Days Hours Min.			
	Fe.   White   Married			Oct. 23, 18		
work done during most	tof working life, even if retired)	IOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
Hwfe.		Ow	n Home	Baltimo	re, Maryland	
13. FATHER'S	NAME	,		14. MOTHER'S MAIDEN NAME		
- COINT	and It	unt.		Mollie adams		
15. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	J7. INFORMANT	2	ADDRESS C13
(Yes, no or unknown	(If you give war or date	s or service)	SECURITY NO.	ma Colo	In I Aloilous	313
18. 58	EV		CALICE	OF DEATH	or a specima	LINTERVAL BETWEEN
. 0	2 1		CAUSE	OF DEATH	U	ONSET AND DEATH
	SE OR CONDITION LEADING TO DEAT	гн				
(This doe	s not mean the mode of	f dying, e. g	., (A) Genera	lized intest	inal hemorrhage	
injury or	ure, asthenia, etc. It mea complication which c	aused death.	DUE TO			AND BUDGETHER
	ANTECEDENT CALL					
7	ANTECEDENT CAUS	) E 5	Chnon	ic choleangei	tic	95.5 milet met 1
DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G	TC cuoresus er	L.U.L.3	
RISE TO UNDERL	THE ABOVE CAUSE (A)	STATING TH	E OUE TO			
Ö			(C)			
DISEASE RISE TO UNDERLUN	11					
OTHER !	II SIGNIFICANT CONDI	TIONS CON				
TRIBUTIN	G TO THE DEATH, BUT					
			FINDINGS OF OPER	ATION		20, AUTOPSY?
	22 1057				of limn	
OCT.	DENT WAS UNDER-		ic recurrent (			y, give exact location)
Oct.  21A. ACCII LYING OCAUSE OF	R CONTRIBUTING[]		arm, factory, street, office bldg.,		??	y, give exact location;
21D. TIME	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
FINJURY		m.	HILE AT NOT WHILE			
CO. III				/20 /42	/ 77/70/	ר'ז
22. I herel	by certify that I att	ended the	deceased from 10,	/10/51 , 19 ,	to1/12/, 19	51, that I last saw the
deceased a	dive on 11/12/	_, 19_51.			from the causes and or	n the date stated above.
23A. 51GNA	L. Celon	ce.	M. D.	3B. ADDRESS 1400 N. Caro	line Street	23c. DATE SIGNED 11/12/51
24A BURIAL, TION REMOVAL (	CREMA: 248. DATE Specify)	2	4c. NAME OF CEMETE		240. LOCATION (City, to	wn, or county) (State)
Muric	oil 11-15	-51	Tarke	vood	Dallo	1 Rd
NATE RECEIVE	RAP REGISTRAR	SISIGNATU		25. FUNERAL DIRE	E 5305 1	Harford Pd
VS 150	- 3		,	1		



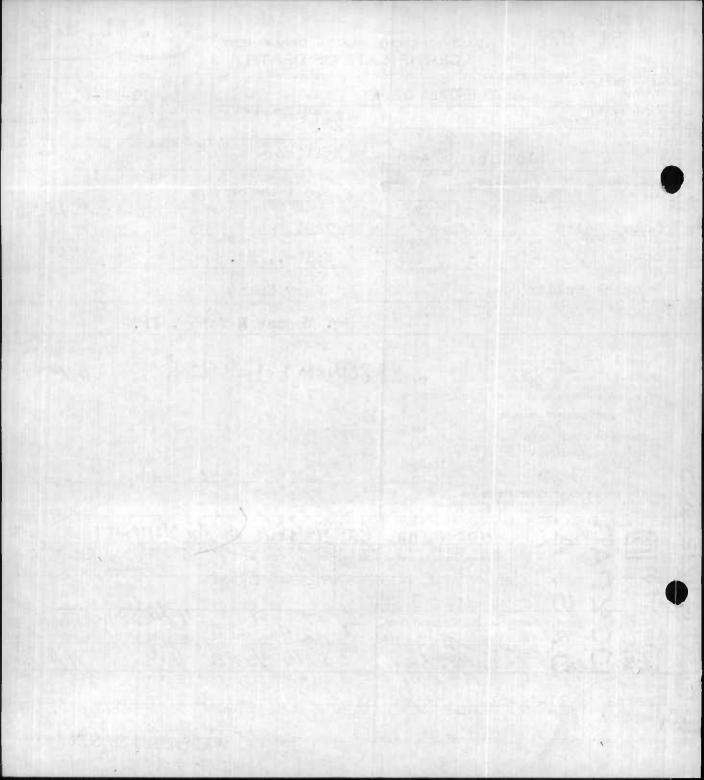
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MAUDE W. WEBSTER OF 11-12-51 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF / (If not in hospital or institution, give street address or HOSPITAL OR OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Union 1 Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4605 Hareourt Rd agth of stay in Baltimore Davs 6. COLOR DR RACE 9. AGE (in years If Under | Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Married. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewell U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 550.1 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 4 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 195 to 16-62 195 that I last saw the 22. I hereby certify that I attended the deceased from. 1951. and that death occurred at 5:30A m., from the causes and on the date stated above. deceased alive on 11-12 ADDRESS MAN MUMPINE APPRESC. DATE SIGNED BURIAL, CREMA- 248, DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTO

VS 150



F-000 51 9772 BALTIMORE CITY	51 Y HEALTH DEPARTMENT	9772
BIRTH NO. CERTIFIC	CATE OF DEATH Registered No	107.816.45
1. NAME OF DECEASED (Type or Print) MARY REGENA FAH)	EY 2. DATE OF DEATH 11-11.	-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street addr locs INSTITUTION 816 Winston Avenue	ress or ation (If outside corporate limits, wr	ite RURAL and give township)
	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 816 Winston Ave	f - 12
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	8. DATE OF BIRTH 9. AGE (in years) II Under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR 11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Patrick Mullin	14. MOTHER'S MAIDEN NAME Mary Ruane	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY!	NO. Mr. Thomas I Fahey, Jr.	ESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ARCINIOMA of Stomach	6 MOS
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  OCT - 2. 1951  DIA. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21A. ACCIDENT, SUICIDE, about home, farm, factory, atreet, office	(e.g., In or   21c. WHERE DID (If in Baltimore City, give	20. AUTOPSY? YES NO K exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENCE NOT WHILE AT NOT	WHILE WORK	at I last saw th
deceased alive on 1/10, 1951, and that death	occurred at 2 m., from the causes and on the d  23B. ADDRESS D. 5217 VORK  22B. ADDRESS D. 22B	ate stated above 3c. DATE SIGNED ///2/57
TION, REMOVAL (Specify	METERY OR CREMATORY 24D. LOCATION (City, town, or c	ounty) (State)
Burial 11-14-51 Cathed: DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR	25. FUNERAL DIRECTOR AD	DRESS
VS 150	46 ROREENMOUNT AVE & 2	2nd ST.



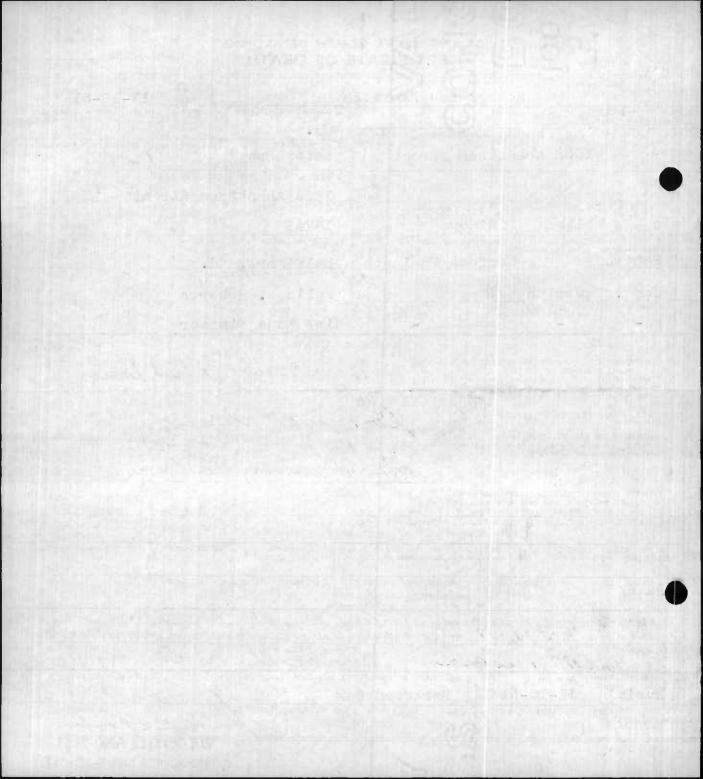
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51 9773

BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Robert Lee Bausmith 11-12-51 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1656 Abbottson Street Baltimore township) D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore 1656 Abbottson Atreet Days 5. SEX If Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Retired Seafood Business Baltimore, Md. 13. FATHER'S NAME Chas. Bausmith Julia A. Roberts 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. no-Miss Edna Kinnear 18. 420.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO deal Fuelury OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or ED HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from Cligg. 12 , 195/, to hov /2, 195/, that I last saw the deceased alive on NOU. 12, 195, and that death occurred at 6 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE Messena 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 11-15-51 Parkwood Cem ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIREC

VS 150

GREENMOUNT AVE. & 22nd ST.



-	- 05	1 9774	BAL	TIMORE CITY HE	ALTH DEPARTMENT		I SI	110
				CERTIFICATI	E OF DEATH	Registered I	No	
	TH NO.					1		
	NAME OF Die or Print)	BERNA	RD LUS	BY		OF Novem	ber 11,	1951
	LACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased fived. If B. COUNTY		residence e admission
	ULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)			×	
	TITUTION				1	outside corporate limi	ts, write RUR	township
14		South Baltim	ore Gen	eral Hospital	Brooklyn	do	-04	
1				Yrs.	D. STREET ADDRESS (If	rural, give location)		
C.	gth of s	tay in Baltimore		Mos. Days	803 Glade Cour	t		
5.5	EX	6. COLOR OR RACE		, MARRIED,	8. DATE OF BIRTH			If Under 24 Hou
M	ale	White		ED, DIVORCED (Specify)	2//34	last hirthday) Me	onths Days	Iours Min
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	Projem country)	12. CITIZE	N OF
		f working life, even if retired)	TOB. KIND	INDUSTRY		neigh country)		COUNTRY
	Bake	r	Fogle	r Co.	Baltimore			
13.	FATHER'S	AME		Robery	14. MOTHER'S MAIDEN NA	AME		
		Nelson	E.		Agnes V. Parl	ks		
15.	WAS DECEASE	D EVER IN U.S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS	
(Yes,	No	(If yes, give war or date	s of service)	SECURITY NO.	Family - Same	9		
RTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA s not mean the mode complication which ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e. g  nns the diseas  caused death  SES  F ANY, GIVIN  STATING TH  AST.	(B) Intrac	of DEATH re of neck ranial injury	q	ONSET	AL BETWEE
山 -	TO THE D	TO THE DEATH, BUT	CAUSING I	Г				
AL C	19A. DATE C	of OPERATION 1	9B. MAJÓR	FINDINGS OF OPER			YES	
EDIC	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (S. 7. III of Injury occur?  UTING CAUSE OF DEATH.  Street  Linder Lying A or Contrib.  Street  Street  Hanover Street. 4501 north of drawbride							
	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 2 IF. HOW DID INJURY	occurrother	automo b	iles
	12:55 a.m. 11/11/51 WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK							

22. I certify that I took charge of the remains described above, held an . autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 23c, DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ... X ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Solomons Island, Md. Solomens Island Methodist 11/15/51

DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE I30 E. Fort Ave.

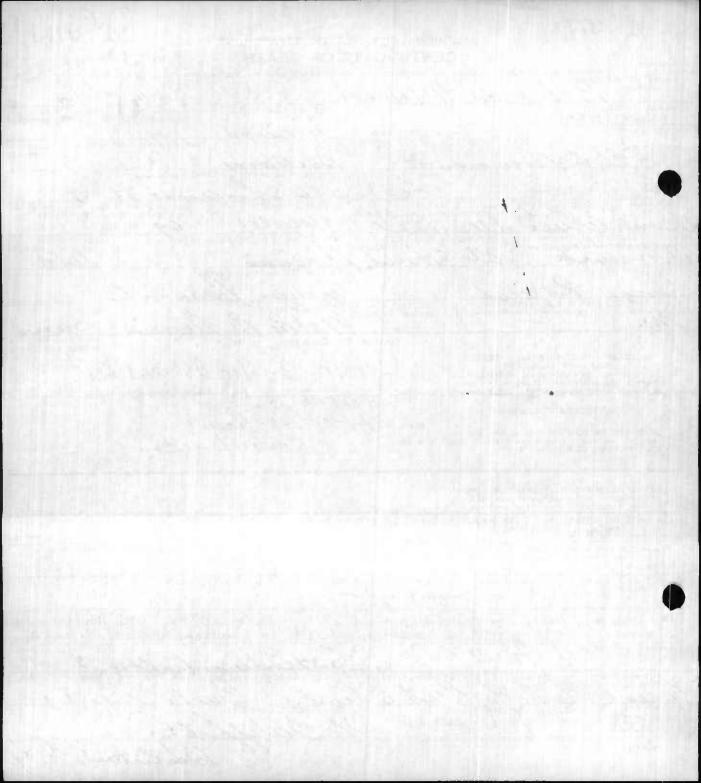
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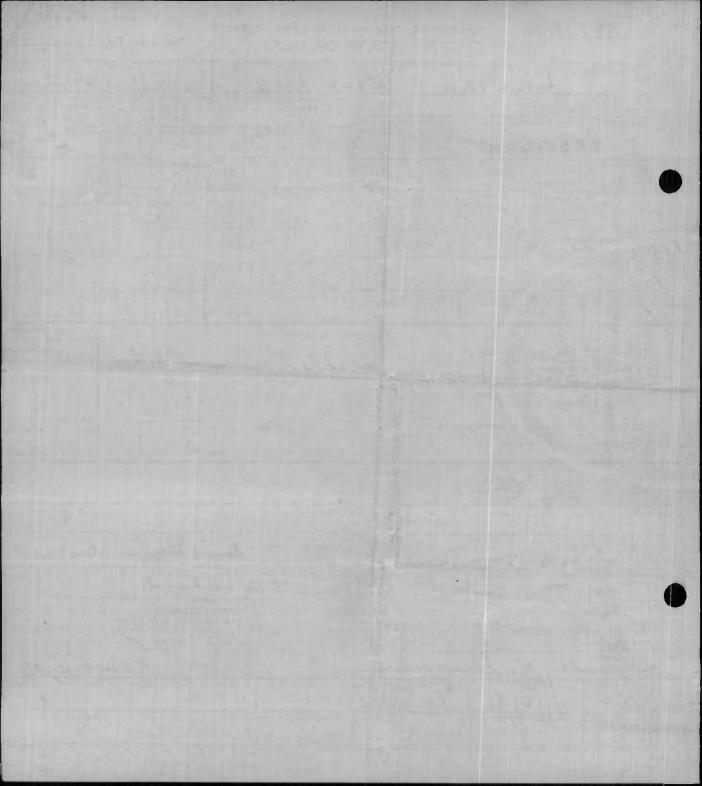
### BALTIMORE CITY HEALTH DEPARTMENT

51 9775 Registered No.

BIRTH NO.	CERTIFICATI	E OF DEATH	registered 1	
1. NAME OF DECEASED (Type or Print)	2. A. MORR	1.5	2. DATE OF DEATH ///	0/1957
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		institution : residence before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR	institution, give street address or location)	C. CITY OF TOWN (If		s, write BURAL and give
SZG S-Largell	1584	Balting	2	township)
A COLORA JEU	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
c. gth of stay in Baltimore  5 SEX   6. COLOR/OFRACE   7.	Days Days		woods ST	4
	SINGLE, MARRIED, MDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/17/18\$2		under l Year nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10st	B. KIND OF BUSINESS OR	14. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
ork done during most of working Wee, even if retired)	It. Hores	Vinginia		WHAT COUNTRY?
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME	2000
15. WAS DECEASED EVER IN U.S. ARMED FOR		trauces for	Brusterd	
Yee, no or unknown) (If yee, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17 INEOBMANT	Per Maria	DDRESS
18. 331X	CAUSE	OF DEATH	<u>anning</u>	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	( Ph	Les Vical	Accide t	po17
(This does not mean the mode of dy heart failure, asthenia, etc. It means th	e disease,	10-10104/01	11001087	47/
injury or complication which caused	d death.) DUE TO	romsosis.		
ANTECEDENT CAUSES	(B)	terio-sclara	1,-1	
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.		General,	·22d_	
	(C)			
OTHER SIGNIFICANT CONDITION	JS CON		State of the	
TRIBUTING TO THE DEATH, BUT NOT	RELATED			
	MAJOR FINDINGS OF OPER	ATION	Hamilton.	20. AUTOPSY?
LYING OR CONTRIBUTING   abo	1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bldg., e	ant 21c. WHERE DID (1 tc.) INJURY OCCUR?	f in Baltimore City, g	- Capital
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hou	ar)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attende		7 Nov 195//to	10 Nov 1951	, that I last saw the
deceased alive on / Nov. 19	5/. and that death occur	red at 1:45-4.m., from th	he causes and on th	e date stated above.
23A. SIGNATURE / ha	4/1.1	3B. ADDRESS	1 16.	23c. DATE SIGNED
24A BURIAL CREMA 249 DATE	24C MAME OF CEMETER		GCATION (City, town,	or county) (State)
Music Inn! 131.	57 let. 6/	ent. 10	alto 11	leel.
DATE RECEIVED BY REGISTRANS SI	MATURE	25. FUNERAL DIRECTOR	1. 0	ADDRESS
	4	Mellepp	ne + Dox	
VS 150	THE B	200	Boo Este	end RU 7
		8,30		/



1152	51 97/6
51 9776 BALTIMORE CITY HE CERTIFICATE	72 14 127
I. NAME OF DECEASED	2. DATE
(Type or Print) LILLIAN WI	LLIAMS OF 11-10-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give
INSTITUTION TROVIDENT	Ballinge U/7 township)
c. Orth of stay in Baltimore Yrs. Mos. Days	5/0- St. Mary Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years il Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR Work done during most of working little ven if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
staymen -	Sadie Joney.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, pp. op. unknown) (If yes, give war or dates of service) SECURITY NO.	17. NFORMANT ADDRESS O
100 1 10	Sade Jaymson St Mary St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	of DEATH  ONSET AND DEATH  CLIEF WEEN ONSET AND DEATH
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c)	
<u>U</u> 11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	
21a EXTERNAL GAUSE WAS   21B. PLACE OF INJURY (6. 8, 1)	n or   21C. WHERE DID (If in Baltimore City, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	INJURY OCCUR? Druid Hiel ave & Orchard St.
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.  SF INJURY 10, 1857 70m. WHILE AT WORK AT WORK	C) St by hysband.
22. I certify that I took charge of the remains described of	bove, held an Autopsy, Inspection or Inquiry thereon and from
and death in my opinion resulted from: natural causes	rquiry, find that said deceased died on the day stated above, $\Box$ , accident $\Box$ , suicide $\Box$ , homicide $\Box$ , undetermined $\Box$ .
23A. SIGNATURE V. Durlacher	238, CHIEF MEDICAL EXAMINER
24A) BURIAL: CREMA- 24B. DATE   24C. NAME OF CEMETE	D. MEDICAL INVESTIGATOR []  RY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify) 11/16/51 7Nt. C	ewern,
DATE RECEIVED BY REGISTRAR 9 SIGNATURE	W, Halsteall - 418 -
VS 151 N850.4 7208	A herrid Hill, are.
	100



	EALTH DEPARTMENT E OF DEATH  Registered No
1. NAME OF DECEASED (Type or Print) HAMLET, Jelly	in   2. DATE OF   1/-10-5/
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION Phurenty Hospital location	
C. Dength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work danae during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Lelond Hanlet	Shonath Floyd
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH  Consert and Death  Consert and Death
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?   YES NO

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) NOT WHILE

WHILE AT WORK

22. I hereby certify that I attended the deceased from , 1951, that I last saw the 19 51, and that death occurred at # Am., from the causes and on the date stated above, deceased alive on\_ 28A SIGNATURE 23C. DATE SIGNED

23B\_ADDRESS

TION, REMOVAL (Specify 248. DATE

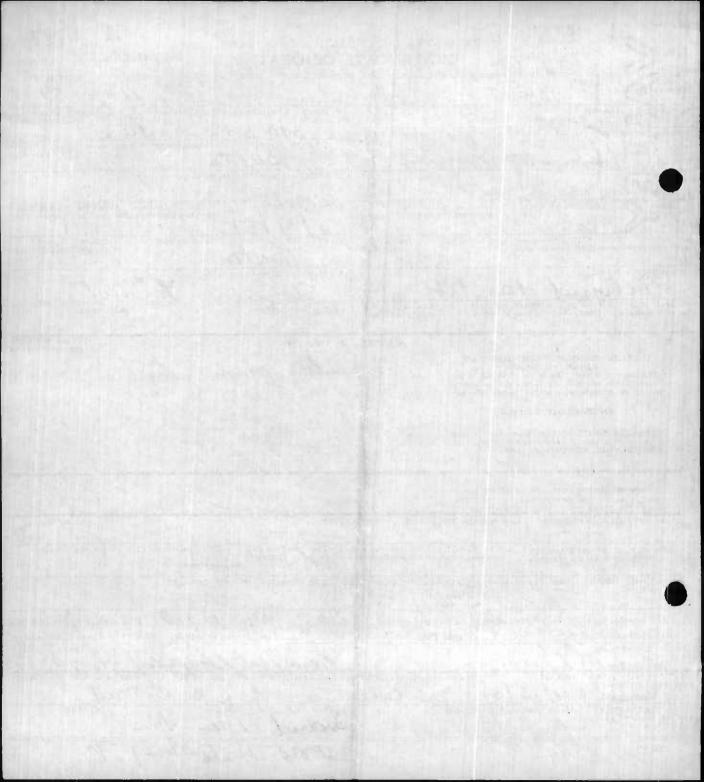
24c. NAME OF CEMETERY OR mt Cale

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ADDRESS



V-520	
K-520 S1 9778 BALTIMORE CITY HEALTH DEPARTMENT	51 9778
CERTIFICATE OF DEATH Reg	gistered No
1. NAME OF DECEASED   2. DATE	
(Type or Print) PHILOMENA H. KING DEAT	HNOVENBER-11-51
3. PLACE OF DEATH:	sed lived. If institution; residence OUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or N)	
INSTITUTION (If outside cor	porate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rutal, give	location
Mos.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (	In years It Under I Year   If Under 24 Hours
SEMINE WHITE WIDOWED, DIVORCED (Specify) SEPT. 19-1891 6	rthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign count	
ork done during most of working life, even if retired)    I+T	WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
MR. BERGMAN UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
RICHARD N. KINGSR	MOSH KKEWOODAJE
18. 420,1 CAUSE OF DEATH	ONSET AND DEATH
This does not mean the mode of dying, e.g.,  (This does not mean the mode of dying, e.g.,  (A) CORONARY THROMBOSIS	10 Mi UUTE
neart failure, astnema, etc. It means the disease,	70777000
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES  (B) HYPERTENSIVE C.	V. diseas 14es.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., lo or 21c. WHERE DID (If in Baltin	more City, give exact location)
CAUSE OF DEATH	
2 ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
WHILE AT NOT WHILE	

22. I hereby certify that I attended the deceased from.

deceased alive on\_

\_\_\_ and that death occurred at\_ 23A. SIGNATURE

23B. ADDRESS

m., from the causes and on the date stated above. 23c. DATE SIGNED

11/11/51, 19\_, that I last saw the

24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county)

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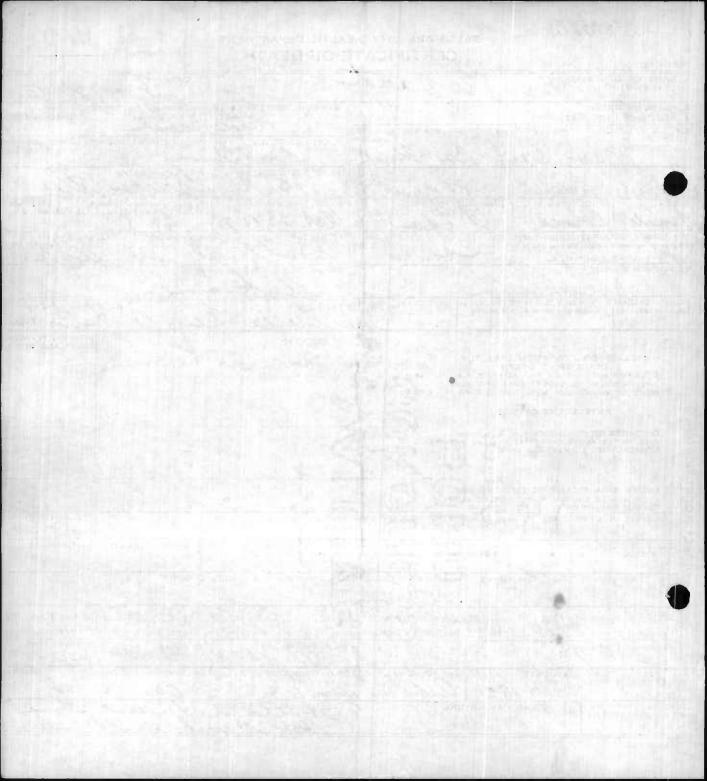
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR the the second

51 9779 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DESEASED 2. DATE (Type or Print) OF DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in Mospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN outside corporate limits, write RURAL and give INSTITUTION township) men Yrs. (If rural, proplocation) D. STREET ADDRESS Mos. ngth of stay in Baltimore ALO DAVA 6. COLOR OR RACE 7 SINGLE MARRIED 8. DATE OF BIRTH If Under I Yest If Under 24 Hours last (Theheay) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work dope during most of working life, even if retired) INDUSTRY WHAT COUNTR surewise 13. FATHER'S NAME noun 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS / (Yes, no or nnknown) SECURITY INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI (C) ...... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION EDICAL VES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) w about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F, HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK 22. I hereby corfify that I attended the deceased from Ion J 15 hat I last saw the deceased alive on 19 . and that death occurred/at\_ m., from the causes and on the date stated above. 23A. SIGNATUREL 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA- 246. DATE CREMATORY toyn, or county) 24c. NAME OF CEMETERY OR TION, REMOVAL (Specify) WW. 10 Junas REGISTRAR'S SIGNATURE DATE RECEIVED BY V4 839951R

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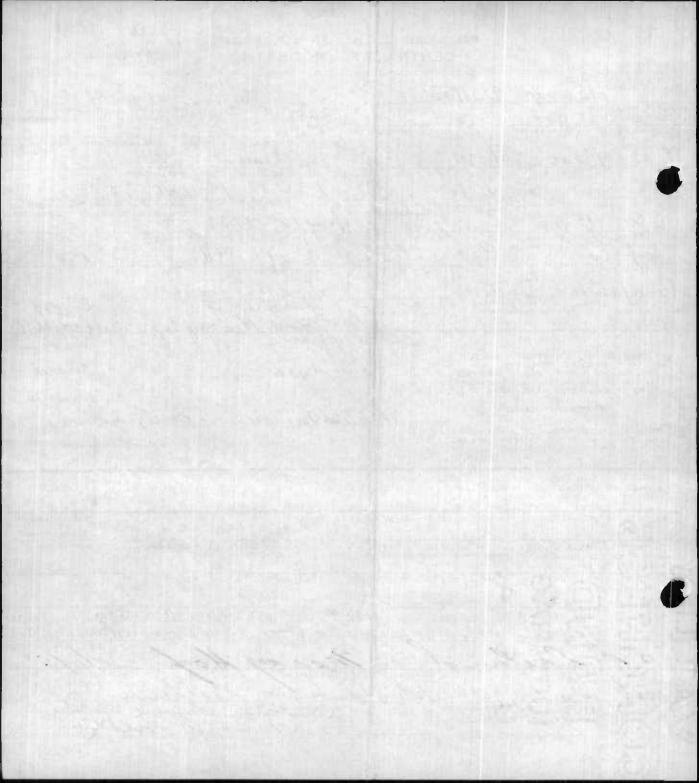


## BALTIMORE CITY HEALTH DEPARTMENT

51 - 9780

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution ; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. (If rural, give location) Mos. agth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. NEGVO Widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) ANDUSTRY WHAT COUNTRY? our arpela 13. PATHER'S NAME enjamin (Yes, an of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO Mw. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Convalsion (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) advanced Bronchogenic Carcinoma June DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILF AT WORK , 195 1, and that death occurred at 9 5 4m. from the 22. I hereby certify that I attended the deceased from NOV-5 , 1951, that I last saw the deceased alive on Nov. !! Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA. 34B. DATE 24c. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY A REGISTRAR'S SIGNATURE LOCAL REGISTRAR MARINETON IN MEMORITA

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5-25		51 9781	
J.L. U.O.	CITY HEALTH DEPARTMENT		
BIRTH NO.	FICATE OF DEATH	Registered No.	
1. NAME OF DECEASED WILLAM	JOHNSON	2. DATE OF NOV. 11, 1957	,
a. Baltimore City, Maryland	4. USUAL RESIDENCE (	Where deceased lived, If institution: residence B. COUNTY before admission	on)
B. FULL NAME OF (If not in hospital or institution, give str		If outside corporate limits, write RURAL and gi	ive
INSTITUTION Provident Hospi	al Balto	17-01 townshi	ip)
angth of stay in Baltimore	Yrs. Mos. Days Days	f rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR	D.   8. DATE OF BIRTH	9. AGE (In years If Under I Year last birthday) Months Days Hours Mi	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSIL	NESS OR 11: BIRTHPLACE (State or	foreign country)   12. CITIZEN OF	
work done during most of working life, even if retired)	INDUSTRY	WHAT COUNTR	ZY?
TY ATHER'S NAME	14. MOTHER'S MAIDEN N	NAME A	V
Henry Johnson	1. Laure	Gulgway	
15. WAS DECEASED EVER IN U. S ARMED FORCES?   16. SOCI	PRITY NO. 17 INFORMANT	ADDYESSO 8	$\neq$
no!	Slama In	allo Drived Hill 6	1
18. 0 2 3 X	CAUSE OF DEATH	INTERVAL BETWE	EEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T		
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Luetic cardiovascular	Colsease	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING			
PI RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
(c)			
OTHER SIGNIFICANT CONDITIONS CON-			
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDING	S OF OPERATION	20. AUTOPSY?	?
7		YES NO	1
218. PLACE OF IN. UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		(If in Baltimore City, give exact location)	
	RY OCCURRED 21F. HOW DID INJUR	Y OCCUR?	
m. WHILE AT WORK	NOT WHILE AT WORK		
22. I ecrtify that I took charge of the remains	described above, held and	thereon and from	om
the evidence obtained by said Autopsy, Insp and douth in my opinion resulted from: nat	ection or Inquiry, find that said of	Inspection or Induiry deceased died on the day stated above □, homicide □, undetermined □.	ve,
Saules 18. Surles		EXAMINER 23C. DATE SIGNED	1
24A. BURIAL, CREMA- 248. DATE 24C. NAME	OF CEMETERY OR CREMATORY   24D.		e)

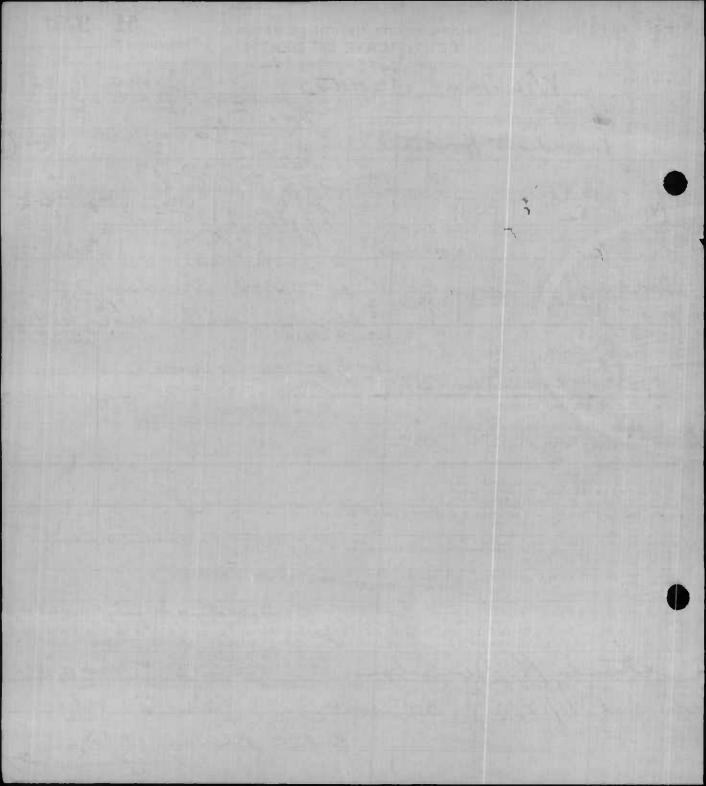
24A. BURIAL, CREMATION, REMOVAL (Specify)
DATE RECEIVED BY
LOCAL REGISTRAR.

25. FUNERAL DIRECTOR
Sed. H. Ke

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30F Preastman

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ADDRESS



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	-1	UIOR

	51 3/84 BALTIMORE CITY HI	EALTH DEPARTMENT	01 3/86
BI	RTH NO. 51-16318 CERTIFICAT	E OF DEATH Regi	stered No.
1.	NAME OF DECEASED to Print) OUNG. BALV ROY	2. DATE OF	Nan 9 16-1
	PLACE OF DEATH: Baltimore City, Maryland B 2 / f : 10 1 R.E	4. USUAL RESIDENCE (Where deceases A. STATE B. COI	
H	FULL NAME OF (If not in hospital or institution, give street address of location)		orate limits, write RURAL and give
11/	STITUTION UN: VENS: + y Hosp: + 22	Balltini, mp.	township)
	Life of stay in Baltimore Life 2 Mos. Days	d. STREET ADDRESS' (If rural, give) to 1/35 M. Fulto	vere -
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  NOV. 8. /95/  last birth	hday) Months Days Hours Min.
10 vari	A. USUAL OCCUPATION (Give kind of to Business OR to done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country	y) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	102
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED EORCES?  (If yos, give war or dates of service)  [16. SOC AL SECURITY NO.	17. INFORMANT  MOTHER ABOME	ADDRESS Macs := MAlloy
ERTIFICATION	1/6%		INTERVAL BETWEEN ONSET AND DEATH
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.		
AL	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, pffice bldg.,	in or 21C. WHERE DID (If in Baltimo etc.) INJURY OCCUR?	re City, give exact location)
V	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from MA	rred at 2:2 Okm., from the causes a	, 195, that I last saw the
		23B ADDRESS Write HOS Fi	ful 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

248. DATE

24CANAME OF CEMETERY OR CREMATORY

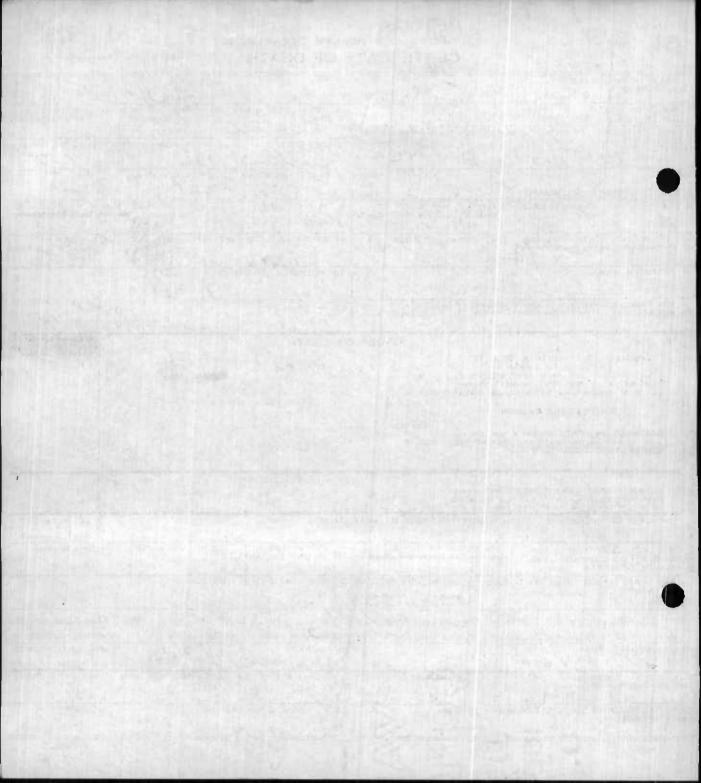
240. LOCATION (City, town, or county)

REGISTRAR SIGNATURE That you lithauld the

25. FUNERAL DIRECTOR

ADDRESS

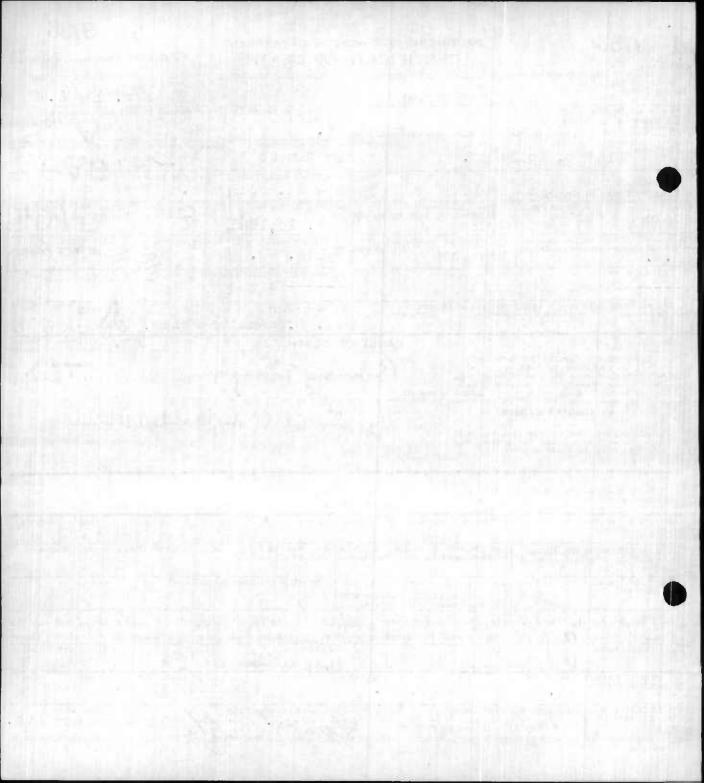
VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH NOV. 12 Rose Langhammer 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 514 Mt. Holly St. Baltimore township) D. STREET ADDRESS Yrs. (If rural, give location) Mos 514 Mt. Holly c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under I Year II Under 24 Hours Last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) White emale Widow Feb. 14.1881 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork doos during most of working life, even if retired INDUSTRY WHAT COUNTRY? Own Home Balto. Md. H.W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ----Imwald ----Bein 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. rs. O. Jeanette Maben. 514 Mt. Holly 18. 420. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Thranbosis in Cardio Vascular D (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION CAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING EDI about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE! WORK . 1940, to\_ 22. I hereby certify that I attended the deceased from. \_\_. 19. 1. that I last saw the N. 19 1. and that death occurred at 11:30A.m., from the causes and on the date stated above. deceased alive on 11\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) THON REMOVAL (Specify) Loudon Pk. Baltimore, Id. 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

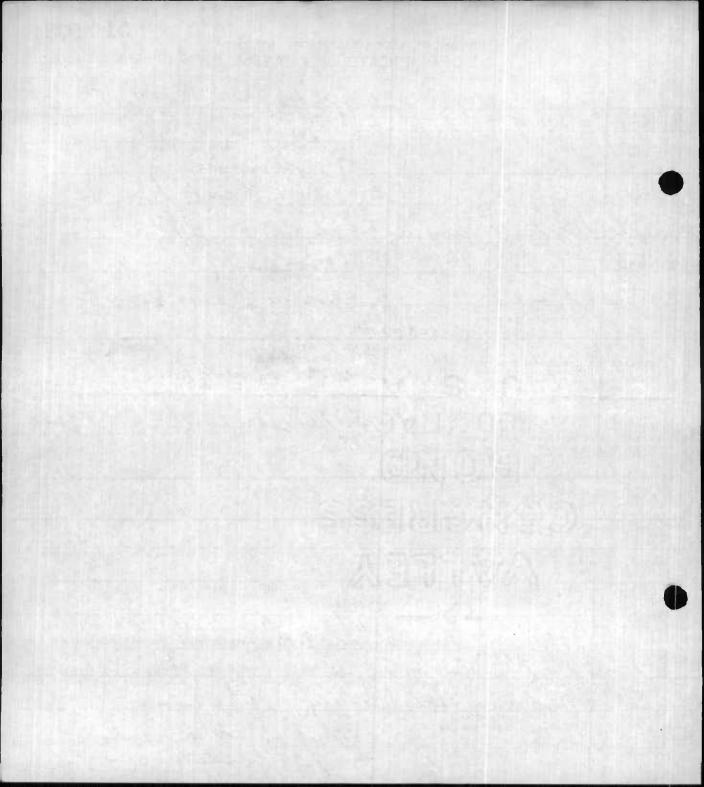
4101 Admondson Ave.



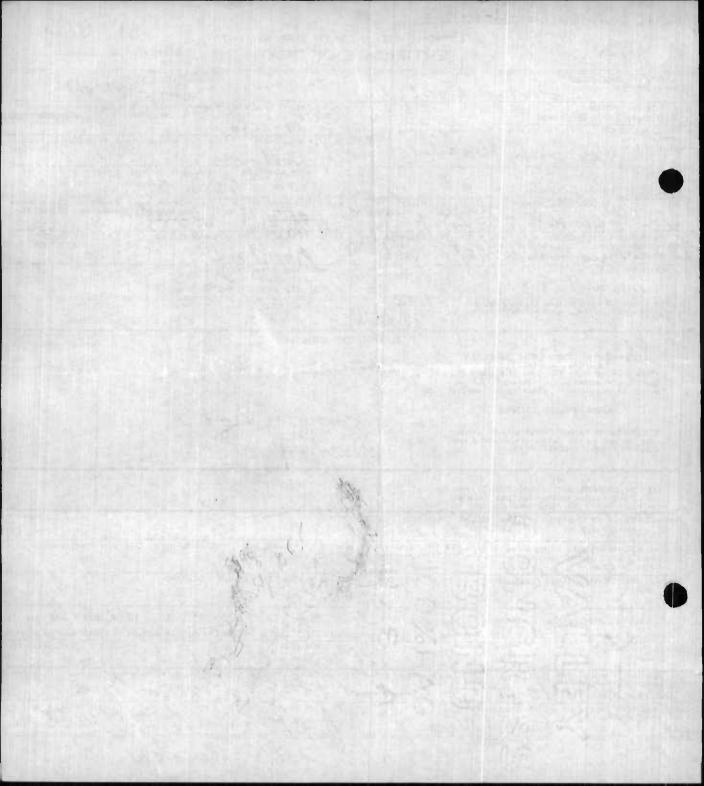
## BALTIMORE CITY HEALTH DEPARTMENT

51 9784

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased live If institution; residence 3. PLACE OF DEATH B. COUNTY before admission) A. Baltimore City. Maryland / G (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give TOWN INSTITUTION township) more STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days Z. SINGLE, MARRIED If Under I Year BIRTH AGE (In years last birthday) Months; Days Hours; Min. MOWED, DIVORCED (Specify) 11\_BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? rone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 5035484 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK 195/, that I last saw the 22. I hereby certify that I attended the deceased from\_ 195 and that death occurred at 7.6 m., from the causes and on the date stated above. deceased alive on // / / 23c. PATE SIGNED 23B. ADDRESS 234-6/GNATURE 35000 anowers M.O. 24A. BURIAL, CREMA-/24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State) ADDRESS DATE RECEIVED BY FUNERAL DIR REGISTRAK'S SIGNATURE OGAL REGISTRAR



IFICATE CORRECTED 11-13-51	F4 0F105
	E OF DEATH  E OF DEATH  E OF DEATH  Registered No.
1. NAME OF DECEASED (Type or Print) Samuel Early	2. DATE OF DEATH //- //- 5/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Were, A. Hospital or institution, give street address or location)	C. CITY OR TOWN .(If outside corporate limits, write RURAL and give township)
c. Angth of stay in Baltimore 68 Mos. Days	D. STREET ADDRESS (If rural, give location)  306 5 6./mere 54
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Male White Married  10A, USUAL OCCUPATION (Give Noted) 10B, KIND OF BUSINESS OR	8. DATE OF BIRTH  9. AGE (In years list Under 1 Year Months Days Hours Min.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF
the anoduring what of working life oven it follows (1867)	Mary I arel WHAT COUNTRY?
13. FATHER'S NAME EASTLY Randows.	LAChel Evans
15. MAS DECEASED EVER IN U. S. ARMED ORCES? 16. SOCIAL (Yes, pope maknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS SAME!
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH allies of Choleyshho  Thusis of Lived  Sholism
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY?
19a. Date of operation 19b. Major Findings of operation 19b. Major	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Medeceased alive on 1/-11, 1951, and that death occu	195/, to 11-11, 195/, that I last saw the arred at 1135 Am., from the causes and on the date stated above.  238. ADDRESS  MANNEY to 11-11-5
2Ar DURIAL, CREMA- 24B. DATE 24C/NAME OF CEMETI TOL REMOVAL (Sperity) 1/1/4/5/ Sandon	ERY OR OREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. UNERAL DIRECTOR & B. M. Walkers
VS 150 54450	1 Prick Stricker St 126



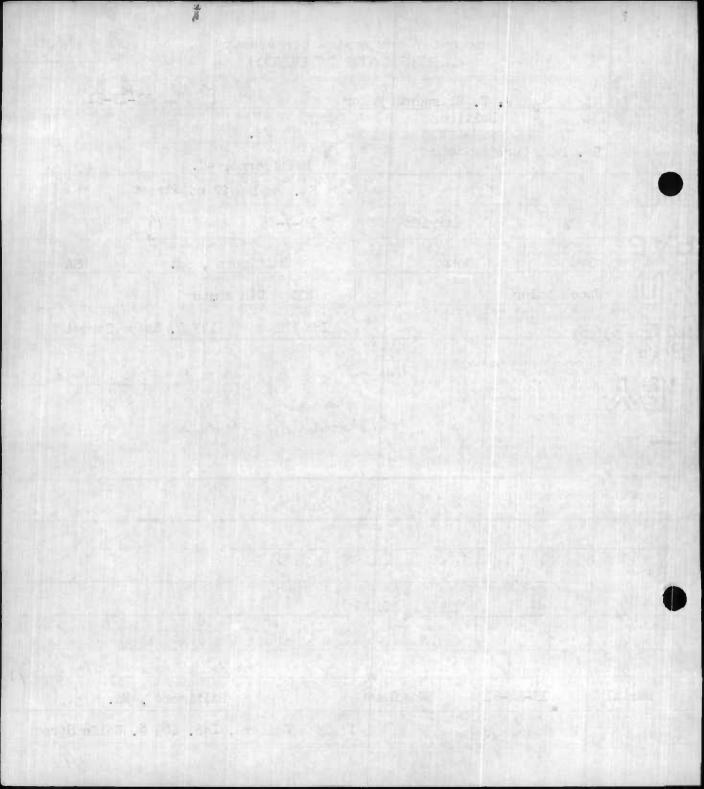
£ - 346 51 9786

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9786

Registered No .-

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	J. T. Eilsworth Edle	er.	2. DATE OF DEATH 11-	11-51
3. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital	Baltimore  I or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	before ndmission)
HOSPITAL OR St. Paul Nu		Baltimore,	Md.	ts, write RURAL and give
c. Length of stay in Baltimore	Life Yrs. Mos. Days	St. Paul & 22	2 nd Street	
5. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED DIVORGED (Specify)	8. DATE OF BIRTH 10-7-75	9. AGE (In years last birthyby)	Under Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Not Employed	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Jacob Edler		Ellen Zimmer		
15. WAS DECEASED EVER IN U. S. ARMED Yes, uo or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
		Ida Edler	137 S. Eator	Street
DISEASE OR CONDITION DE LEADING TO DEAT (This does not men the mode of heart failure, asthenia, etc. It mean	OIRECTLY H dying, e.g., (A)	of DEATH Vascular acc	dent	INTERVAL BETWEEN ONSET AND DEATH
Injury or complication which ca  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	ANY, GIVING STATING THE DUE TO	eralized rischerofic di	cose	severalyse
OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION	CAUSING IT.	· Mallitus		sw. yro.
1 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I atte	ended the deceased from 1- , 19 5/, and that death occur	1950, to 1	he causes and on t	that I last saw the
23A. SIGNATURE Ellswor	Al Q1. 13	2431 Maryl	and ano	23c. DATE SIGNED  1/-/2-5/ 1, or county) (State)
TION, REMBYAL (Sprify)	and an arm of the second secon	- B	altimore, M	d.
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR NOV 1 31951	SIGNATURE	Lilly & Zeiler,	Inc. 403 S.	Wolfe Street



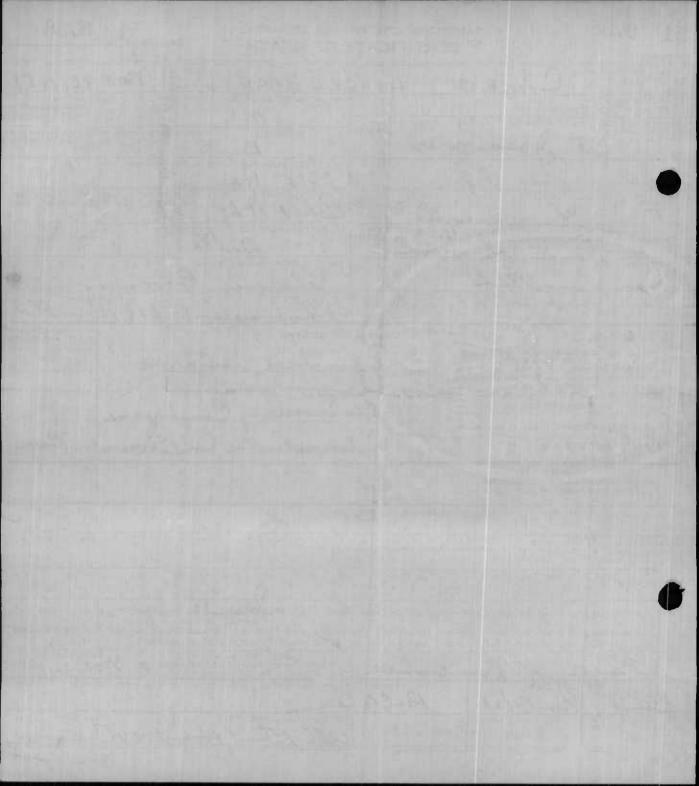
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9787

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. agth of stay in Baltimore Davs AGE (in years | H Bader | Year | H Under 24 Hours last birthday) | Months Days | Hours Min. 7. SINGLE, WARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE Widerved 11-30-60 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) vork done during most of working life, even if retired) INDUSTRY WHAT-COUNTRY furneture Your 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, po or unknowp) SECURITY NO. INTERVAL BETWEEN CAUSE OF 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING HISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION EDICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE 1951, to NOV. 11 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from fune 7 deccased alive on Nov. 10 19 51, and that death occurred at 2 A. m., from the causes and on the date stated above, 23c. DATE SIGNED 23A. SIGNATURE Lows 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE Ouria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR TYSULA MALA STAN VS 150

908 S. Patterson PR. a.

BIRTH NO.	- OI DENIII
1. NAME OF DECEASED CARRIE LINE	GEL BACH   2. DATE OF NOV 10, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	
c. Arth of stay in Baltimore lefe Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  36/8 Hamulton
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years II Under I Veal House Min. Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND DE BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS (ICEASED EVER IN V.S. ARMED FORCES? (Yes, no or Uknown) (If yes, Rive war or dates of service) SECURITY NO.	The Lengthal 36/F Homelo
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	or death on the constraint of
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., UTING CAUSE OF DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR INJURY WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described of	above, held an Autony, Inspection or Juliery thereon and from
and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above s 1, accident □. suicide □. homicide □. undetermined □.
	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER 12, 1951
TION, REMOVAL (Specify)  Mm/4/37  24C. NAME OF CEMETE  Palls	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS Willet Frued Home 2004 Orleans
V S 151	02.7

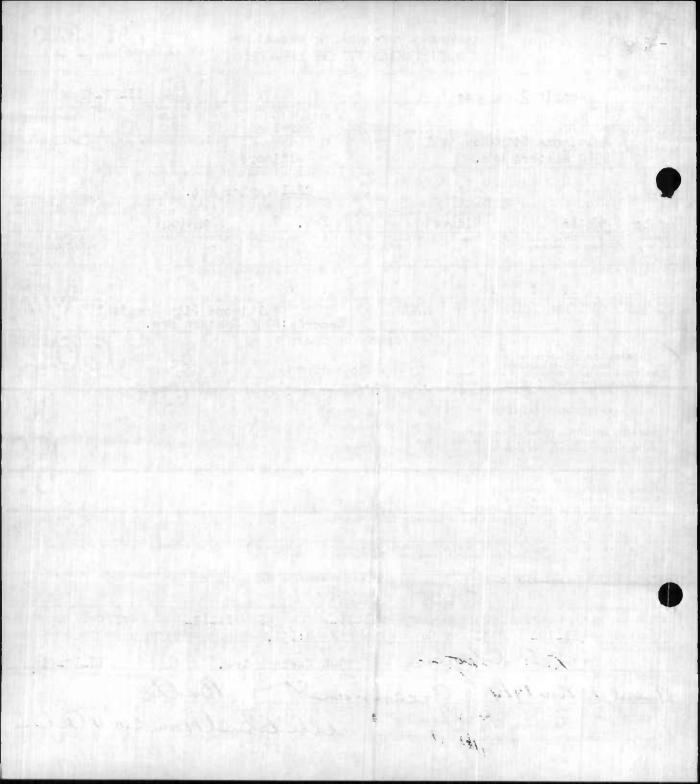


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MK-15	3849	<1	5
MAL	7000	51	>

51	9789

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)  Jennie Champness	2. DATE OF DEATH II-I2-5I
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE	ere deceased lived. If institution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Haryland HOSPITAL OR Beltimore City Hospital location)	Darrene
INSTITUTION	otside corporate limits, write RURAL and give township)
4940 Eastern Ave.  Baltimore  Yrs. D. STREET ADDRESS (If ru	
Mos	
c. A gth of stay in Baltimore ? Days 22II Taylor Av	
WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ore or or or or done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or fore in the control of	ign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM	1E
7 7 7 7 7 7	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Records: 4940 Easter	City Hospitaless
18. LQ 1 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET ANO DEATH
(This does not mean the mode of dying, e.g.,	?
heart failure asthenia etc. It means the disease	towningd
injury or complication which caused death.) DUE TO D. Pneumoniae, type unde	Col Willer
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If	in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (IT 1) (IT 1) (IT 2) (	and the state of t
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY	occur?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from II_II, 13I, to II	19eT that I last saw the
deceased alive on II_I2, 195I and that death occurred at 1:154 m., from the	
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
J. Clorger M.D. 4940 Eastern Ave.	II_I2_5I
24A. BURIAL, CREMA- 24B. DATE (24C. NAME OF CEMETERY OR CREMATORY 24D. LO	CATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR Continue of Market 1984 Willest Lind	Home 2004 ale
VS 150	



51 9790

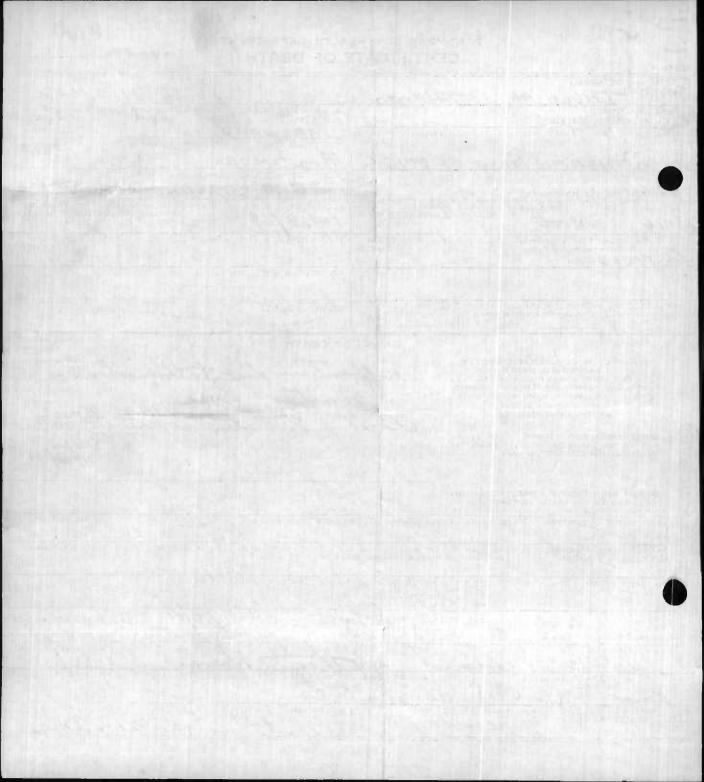
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9790

( ) . p			CERTIFICATI	OF DEATH	Registered No	0
BIRTH NO.			CLITTI ICATI	- OI DEATH		
I. NAME OF E Type or Print)		-	THUROW		2. DATE OF DEATH	2/51
B. PLACE OF E	DEATH: City, Maryland			4. USUAL RESIDENCE		nstitution: residence before admission)
S. FULL NAME HOSPITAL OR NSTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN	lf outside cyrporate limits,	
LUI	THERRN !	1050	OF MD. INC	BALTIMOR		downship)
Length of	stay in Baltimore		Yrs. Mos. Days		ZERNE AU	
MALE	6.COLOR OR RACE		ED, DIVORCED (Specify)	12/28/68		Under 1 Year   Il Under 24 Hours this Days   Hours   Min.
ork done during most	CUPATION (Givekind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAIDEN	NAME	0.3.//
(es, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or deta	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
18.33	1 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY	- 11	7.	+0 .	ONSET AND DEATH
	LEADING TO DEA es not mean the mode ure, asthenia, etc. It me	of dying, e. g	e. (A) Juffe	when due	to asperal	io
injury or	complication which		DUE TO Y V	of DEATH Lim due mites Lo Vascula		aT
	ANTECEDENT CAU		(B) Carel	no Varanta	aciden	010/10/51
RISE TO	ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L	STATING TH	IG HE DUE TO			Dist.
						11/12/51
OTHER	II SIGNIFICANT COND	ITIONS cor				
TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	T			
19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCID HOMICIDE	ENT. SUICIDE,		CE OF INJURY (e. g., i		(If in Baltimore City, gi	
ID TIME	(Month) (Day) (Year	) (Hour)	21E. INJUBY OCCURR	ED 21F. HOW DID INJU	BY OCCUR?	
INJURY			WHILE AT WORK AT WORK		4 4	
22. I herei	by certify that I at	1 - 7 - 7 47 -	3 3 funnil a /	o/\$1 1911, to 1.	12/51 , 1951	, that I last saw the
deceased of	live on so for	1,3651,	and that death occur	red at p.m., from	the causes and on th	e date stated above.
11	1.6.4	imo	und M. Si	Theres No	so.	1/12/01
24A. BURIAL, FION, REMOVAL (	CREMA- 24B. DATE Syfeify)	(/5)	SAC MANE OF CEMETE	RY OR CREMATORY 24D.	LOVATION (City, town,	or/county) (State)
DATE RECEIVE		SSIGNATI	Lander Health	25. FUNERAL DIRECTOR	al Hom 200	ADDRESS
YUV 1519		1		Ville -		

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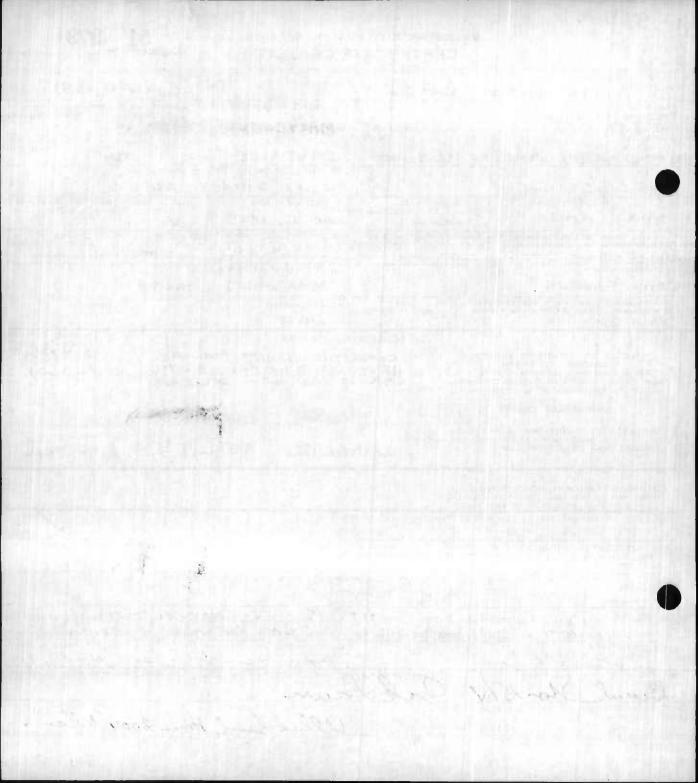


51 9791

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

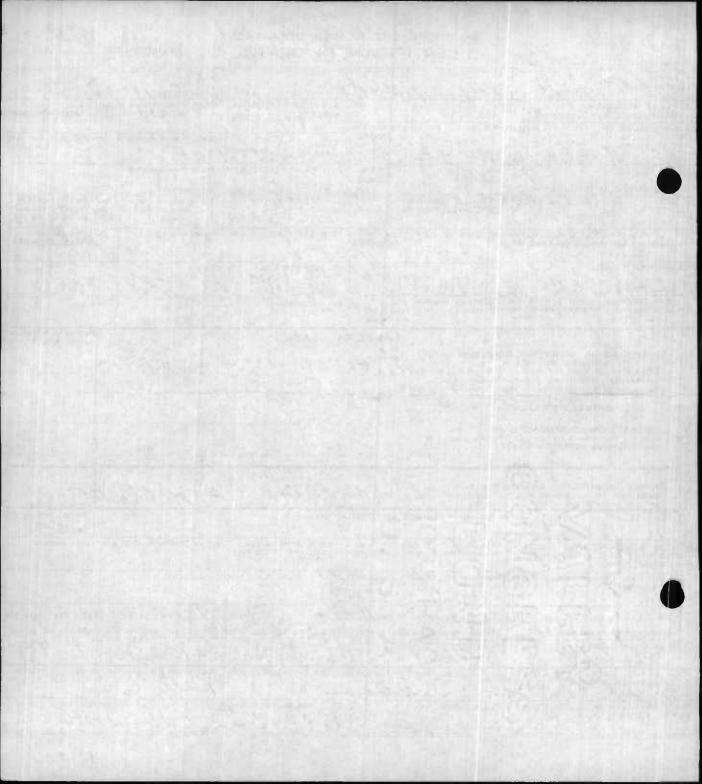
51 9791
Registered No.

BIRTH NO.	CERTIFICAT	E OF DEATH	negistered iv	0.
1. NAME OF DECEASED			2. DATE	
(Type or Print) ABETH HARRIET	BROWN		OF NOV- L	
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If i	institution : residence before admission)
B. FULL NAME OF A (If not in hospital or institu		MARYLAND		
HOSPITAL OR INSTITUTION	location)			write RURAL and give township)
HOSPITAL FOR THE WOMEN OF		BALTIMORE	30 MD	
	Yrs. Mos.	D. STREET ADDRESS (If		1 22
c. gth of stay in Baltimore	Days	2317 SIDNE		Illuder 1 Year   Il linder 24 Hours
CEMALE WIDO	LE, MARRIED, WED, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years line) last birthday) Mon	Under 1 Year II Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	INDUSTRI	MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
JOHN FARMER		MARGARET	HARMIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
NB	SECOKITI NO.	SELF		
18. 260X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CONGE	STIVE HEART FR	HLURE,	- Years
LEADING TO DEATH (This does not mean the mode of dying, e	B. (A) HYER	O VASCULAR D	EROTIC	aner -
heart failure, asthonia, etc. It means the disci injury or complication which caused dea	th.) DUE TO	O VASCULAR D	ISEASE	
ANTECEDENT CAUSES				
	(B)		**************************************	
DISEASES OR CONDITIONS, IF ANY, GIV	THE DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CO	(c) DIA	BETES MEL	ニノブリン	- y cars
2				
OTHER SIGNIFICANT CONDITIONS CO	ON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING		·····		
19A, DATE OF OPERATION 19B, MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
NA CANADA				YES NO
LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th			10V. 11. 195	that I last saw the
deceased alive on No V. 11, 1951				
23A. SIGNATURE		23B. ADDRESS		23c. DATE SIGNED
Jane U. Colon	м. D.	I food for women	fMay land	Nov.11, 1951
24A. BURIAL, CREMA- TION, BEMOVAL (Specify)	(1 // 1	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNAT		25 FUNERAL DIRECTOR		ADDRESS
LOCAL REGISTRAR	Later Land , Fifty and	1886 67 1	Home 2004	Chlem
1 3 1950 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s	711712 3130 1	
73 130			1.3	

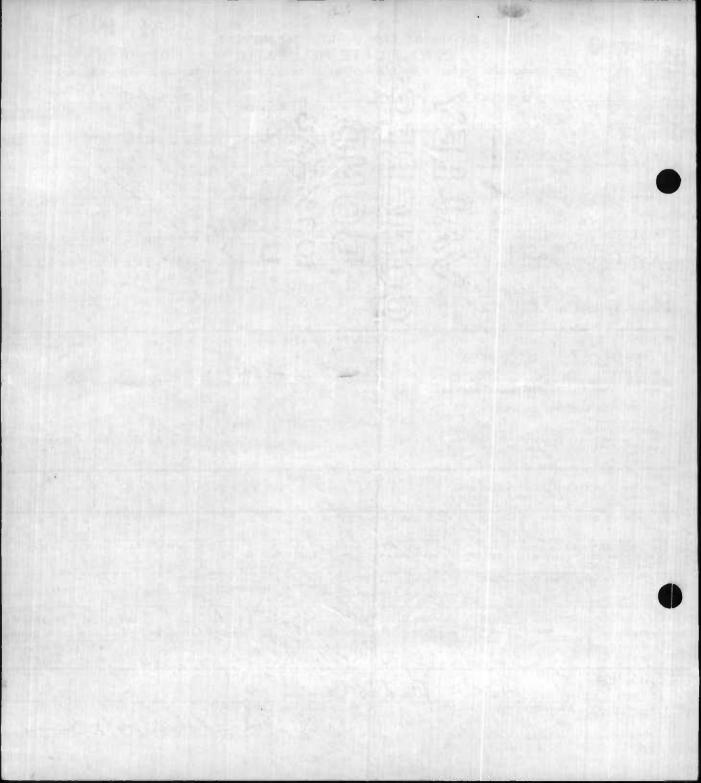


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-A 11 ( ) -	E OF DEATH	Registered No.	9792
1. NAME OF DECEASED BY GIRL HARK	215	2. DATE OF DEATH	2-57
S. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (W		titution : residence , before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTITUTION THE CHURCH HOME A HOSP.		outside corporate limits, w	vrite RURAL and give township)
c. Ogth of stay in Baltimore  Yrs. Mos. Days	as-1 2 1/1	rural, give location)  5 LLJ 57	5300
5. SEX 6. COLOR, OR RACE V. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years last birthday) Month	ler I Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF
13. FATHER'S NAME  CAMEROU B HARRIS	14. MOTHER'S MAIDEN NA	CRAW	FARD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT		RESS
ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	LECTASIS = 1	RSPIRATORY	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CRANIAL A	EMORRIM	KE
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		f in Baltimore City, give	e exact location)
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY  NOT WHILE AT WORK AT WORK		OCCUR?	
deceased glive on 11-12, 19-4, and that death occur	-/2, 19 7, to erred at 5:300 m., from the		that I last saw the
	23a. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMET TION DEMOVAL (Specify) Um 13/51 Oak Jan	ERY OR CREMATORY 24D. LC	Ballo (City, town, or	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR	al Hound	DOFOEL
VS 150	7 2 3		

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51 9793 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Samuel DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Mo. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years II Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Railwood work 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 298.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, DUE TO (C) .. FIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from Nov 195 to Nov 11 . 195 ! that I last saw the 195 . and that death occurred at 1153 deceased alive on Nov 11 Am., from the causes and on the date stated above, 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR. VS 150

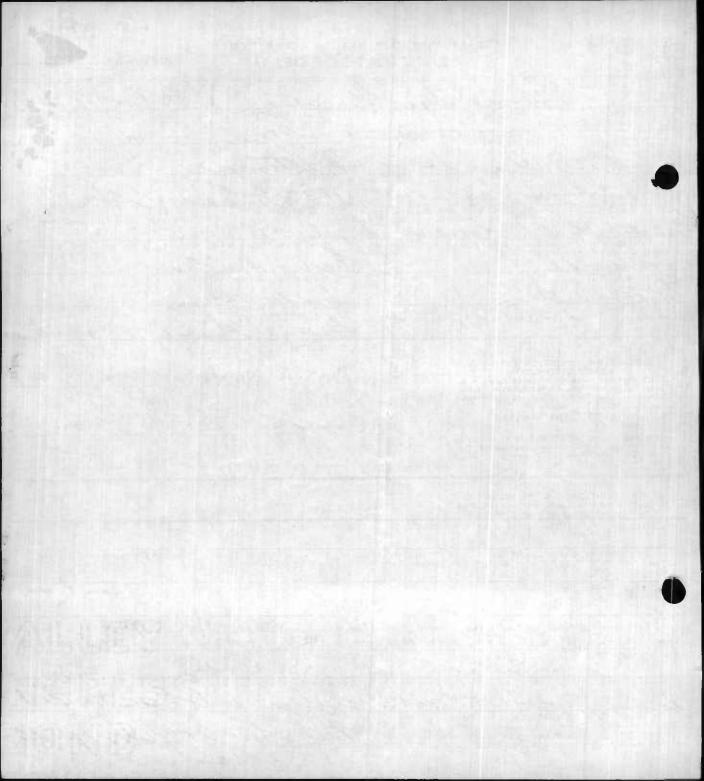


9794

		E OF DEATH Registered No.	
	IRTH NO.		
1. (T	NAME OF DECEASED (Sype or Print) (Symma) Sue)	2. DATE OF DEATH NOW	10 1951
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins. A. STATE B. COUNTY	titution; residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location)		
	ISTITUTION 833E. Chare It	c. CLTY OR TOWN ,(If outside corporate limits, w	rite RURAL and give township
	Yrs.	o. STREET ADDRESS (If rural, give location)	1
c.	Length of stay in Baltimore 35 yps. Mos. Days	1833 E. Colones S	_
5.	SEX   6. COLOR OF RACE   7. SINGLE MARRIED.	8 DATE OF BIRTH 9. AGE (In years   li Und	BI 1 Year If Under 24 Hours
1	WIDOWED, DIVORCED (Specify	last birthday) Month	s Days Hours Min.
	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done duying most of working life, oven if retired)	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF
	Housevile	Toneterne Stone el Mas	WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	mail.	1	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Suddel Vienean	
Ye	SECURITY NO.	17 INFORMANT ADD	RESS 28 CA
	18. 1143X . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	61	ONSET AND OFATII
	I FADING TO DEATH	xteusive landio-vasculardiseas	1011
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A 150 1111 (88010-1026 and describe	1946
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
7	(B) A's	1= 6186 1080518	1946
0	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************
-	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		E 11 3 = 2.10
3	(C)		
L			
7	OTHER SIGNIFICANT CONDITIONS CON-		
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION   198, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY/
A			YES NO 4
<u>U</u>	21A. ACCIDENT WAS UNDER   218. PLACE OF INJURY (e. g.,	in or   21C. WHERE DID (If in Baltimore City, give	
JED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?	
2	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
	INJURY  MHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from 7/s	25 , 1946, to 11/10 , 195/, t	hat I last saw the
		rred at 10 A-m., from the causes and on the	
	, 20 junea view women occur		3c. DATE, SIGNED
	M.D. Cefyill	18 cost 3 5 CY1	11/13/51
2 / TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	Bunal nov 14/51 my Caln	and Com. U G Court	y Med
	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DRESS
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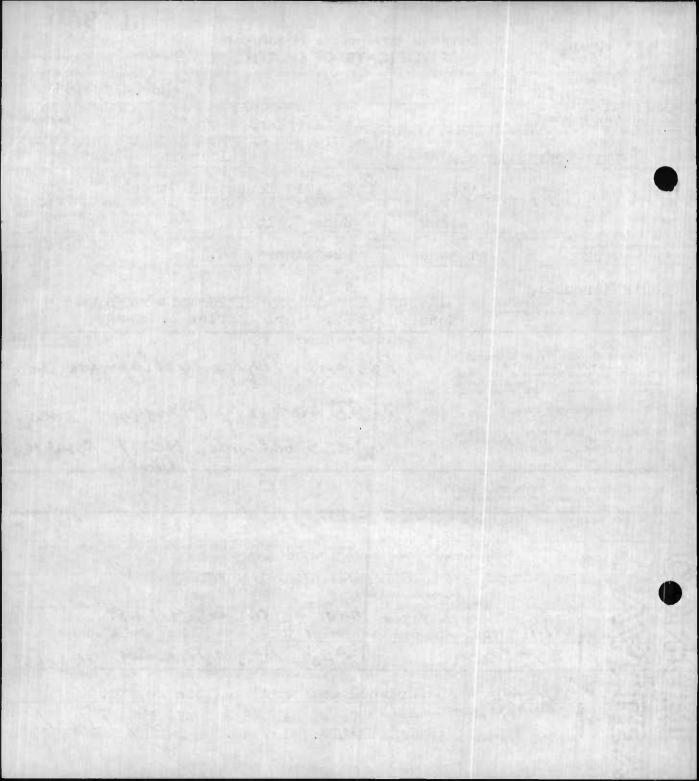
Mes Their G. Ellists Daughter 1129 n. Carline St. 93)



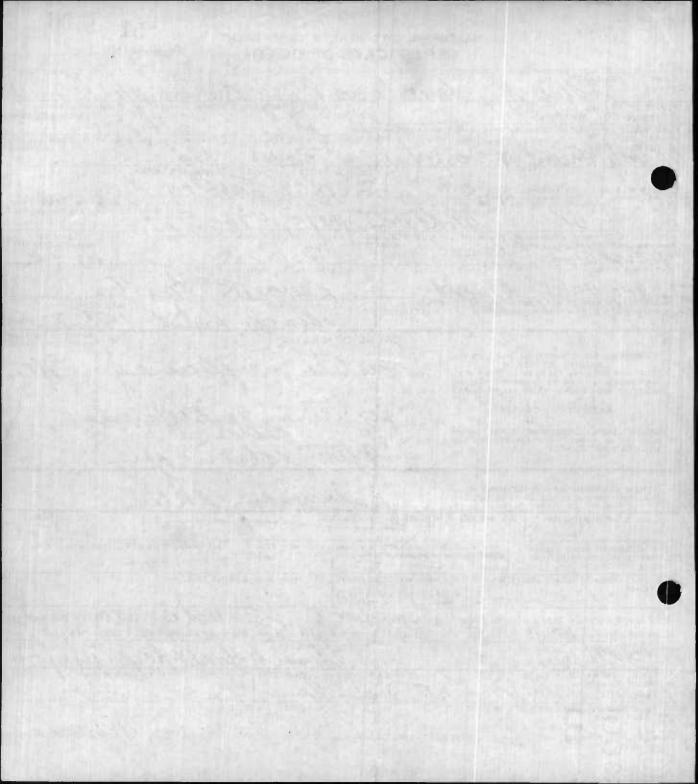
51 9795

Registered No ...

NAME OF DECEASED Type or Print) KATHRYN BROWN	2. DATE OF NOV. 12, 1951
8. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE TO B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o location	
1713 HOMESTEAD STREET	Baltimore 9-07township)
Yrs.	
c. Length of stay in Baltimore Life Mos. Days	1713 Homestead Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year It Under 24 Hours Min.
Widow Widow	040
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	
Housework at home	14. MOTHER'S MAIDEN NAME
Louis Ahrenberg	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT 1220 Walters Avenue
(16 yes, give war or dates of service)  NO  (16 yes, give war or dates of service)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Mr & Mrs Charles L. Brown
18. / 170.0 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	tenior My ocard al Inforction 2day
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	To Comprise on Thrond-
(B)	with sen sens
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Los in Sole at a Heart plant
(c)	to Coronary Thromszy 2045. Levis Scleratio Heart about 144.
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ERATION   20. AUTOPSY?
198. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	YES NO
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	(,etc.) INJURY OCCUR?
O. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	1950, to Jetry. 11, 1951, that I last saw the arred at 7 m., from the causes and on the date stated above.
deceased alive on NN-11_, 1954, and that death ocea	urred at 2 m., from the causes and on the date stated above.
	23B. ADDRESS And John May 23C. DATE SIGNED
Julys C. Sluch M.D.	5356 Reis lestown Mor 11/12/52
TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) State
	d Cemetery Baltimore, "d.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY SANDER & SONS, INC PORES
B	ALTO, 13, MD. Sey / Muslon.
VS 150	02)



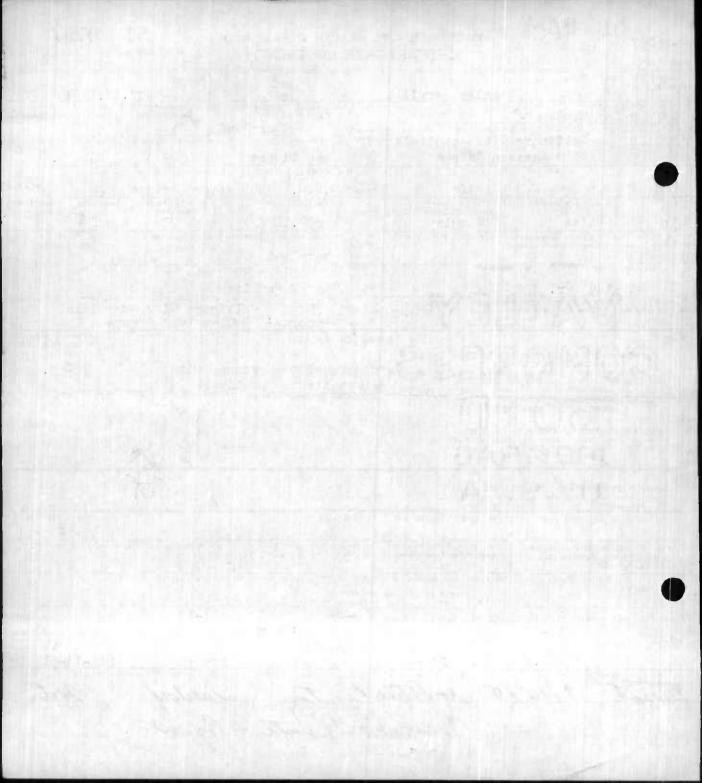
	( ) also			CEDTIFICAT	E OF DEATH	I	Registered No	)	
BI	RTH NO.			CERTIFICAT	L OF DEATH		9	/	
1.	NAME OF D ype or Print)	ECEASED SANDILLS	4: 6	lousslaw	in Elizab		TE OF III	1/51	
3.	PLACE OF D Baltimore	EATH: City, Maryland	7	MARSKAN	4. USUAL RESIDEN	CE (Where de		natitution : reside before adm	nce nisslon)
В.	FULL NAME	OF (If not in hospit	al or institution			6	144		
	SPITAL OR	1 11	. 1/	location	c. CITY OR TOWN	(If outside	eorporate limits,	write RURAL at	nd give vnship)
1	PHUMEL	Home	4 940	5/14/1	50 HV	Mo	· 0<-	-02	
c.	Length of s	tay in Baltimore	6	9 Yrs.	o. STREET ADDRES	aster	Al .		
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED,	8. DATE OF BIRTH			Inder I Year If Under ths Days Hours	24 Hours
	F	W	WIDOW	ED, DIVORCED (Special	May 5.187	74	birthday) Mon	ths; Days Hours	Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	até or foreign co	untry)	12. CITIZEN OF WHAT COU	NTRY
_	MACK	01150	at ho	me Moosik	Polain	d		11 6 %	1
13	HATHER'S	NAME			14. MOTHER'S MAIL	EN NAME		0.3	
	Zahro	ouski s	1/601	1	KMIESI	K A	bath	4.	
15 Ya	. WAS DECEASI	ED EVER IN U. S ARME! (If you, give war or date	O FORCES?	16. SOCIAL	17. INFORMANT	4	AD	DRESS	-
	no			SECHBILE NO.	Salouski	Mick	18	Buckey	ALU
	18. 1/1/	3 Y		CAUSE	OF DEATH	,	Service Land	INTERVAL BE	TWEEN
	DISEAS	SE OR CONDITION	DIRECTLY			-	•	ONSET ANO	DEATH
		LEADING TO DEA	TH	Pas	Sies, her	elles	enou	5/	105
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the disease						R
	injury or	complication which	caused death.	) DUE TO	~				
		ANTECEDENT CAUS	SES	du.	andani 1 1	2-01/1	11000	a	
2	210210			(B)	estering e		Jarea		
2	RISE TO T	S OR CONDITIONS, I	STATING TH		, auce	me			
ζ.	UNDERLY	YING CONDITION LA	ST.	(C)	Cres dal	and and	40		
2				(-)	rui rec	no-cer	gran		
		11			1		1	1/3/1/90	
ב		IGNIFICANT COND			elminer.	01	1100 11		
5		ISEASE OR CONDITION				7 000	my	1.00.41150	
1	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOF	7
5			l ot- mi t	CE OF INJURY (e. g.	in or 21c. WHERE DIE	) /If in Do	Itimana City ei	ve exact locatio	NO L
2		DENT WAS UNDER- R CONTRIBUTING DEATH		arm, factory, street, office bldg		?	rumore orty, gr	ve exact locatio	11)
Σ	21p. TIME	(Month) (Day) (Year	(Hour)   2	IE, INJURY OCCUR	RED 21F. HOW DID I	NJURY OCCL	IR?		
	INJURY			WORK NOT WHILE	E				
			m.	WVAR	100 C . T	1 Ilail	10 10 5	1	
		y certify that I at	tended the	deceased from	8 12/201			that I last so	
		live on Nor 10	_, 19_ <b>5</b> /	and that death occ	urred atm.,	rom the eau	ses and on th	e date stated	above
	23A SIGNA	12 1	3		238 ADDRESS	Home 18	Lana	23c. DATE SA	GNED
1	A BURIAL	CREMA- 24B, DATE		M. O.	ERY OR CREMATORY	240. LOCATIO	ON (City town,	or county) (	(State)
T	ON REMOVAL		51	St. Sta	.//2	Bren	7	kel.	
	ATE RECEIVE	D BY   REGISTRAR	S SIGNATU	RE /	25 FUNERAL BIRE	GTOR & SC	NS. INC	ADDRESS	1
L	OCAL REGIST		tox Mill	المرائم والمراث	BALTO. 13	. MD·	1	/hin/	
	1 1 3				· DADIO., I)	,	M)	100mg	-



TP-16007 51 9797

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

			CERTIFICATI	E OF DEATH	Registered	No.
I. NAME OF I	DECEASED	-			In Date	
(Type or Print)	DECEASED	Stanley	Norville		OF DEATH NOY.	12 1051
B. PLACE OF		- valite,	TOTA TITE	4. USUAL RESIDENCE (W		
A. Baltimore  B. FULL NAME	City, Maryland	al or institut	ion, give street address or	A. STATE Mary land	B. COUNTY	before admission)
HOSPITAL OR			ospitals location)		outside corporate limi	its, write RURAL and give
INSTITUTION	4940 East		_	Baltimore	26-	( township)
			Yrs.	D. STREET ADDRESS (If a	rural, give location)	1
c. Length of	stay in Baltimore	Lif	e Mos.	B.C.H. 4940 East	ern Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   H Under 24 Hours
Male	White		VED, DIVORCED (Specify)	May 9,1878	73	Ionths Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
ork dode during mos	t of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
Sta	nley Jr.			Mary Pauline		
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT Baltin	C:h- H-	ADDRESS -
Yes, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	Records: 4940 E	logtern Aven	spitals
18. / /	-111		CALISE	OF DEATH	ascern en	INTERVAL BETWEEN
1 / V	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	LEADING TO DEAT	ГН	Carcin	oma of the rectum	writh	2 Yrs.
heart fail	es not mean the mode oure, asthenia, etc. It mea	ns the diseas	e, metal	stasis to the live		2 713.
injury of	r complication which o	aused death	i.) DUE TO	000000000000000000000000000000000000000		
	ANTECEDENT CAUS	SES				
	S OR CONDITIONS, I			***************************************	***************************************	
	THE ABOVE CAUSE (A)		HE DUE TO		See 3	
			(C)			
	11			RUPULLIPIENE		
	SIGNIFICANT CONDI					
	DISEASE OR CONDITION					
J ISA. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES X NO
21A ACCII	DENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (II	f in Baltimore City,	give exact location)
	OR CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
Moon		m.	WHILE AT NOT WHILE			
22. There	by certify that I att	ended the	deceased from 11.	-29 1933 to 1	1-12 19	51 that I last saw the
deceased of	live on 11-12	1951	and that death occur	rred at 12:15pm, from th	re causes and on	the date stated above
				3B. ADDRESS		23C. DATE SIGNED
	7.5.	U	Jese M. D.	4940 Eastern Avenu	le	11-13-51
24A. BURIAL.		1	C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town	n, or county) (State)
Durin	9/15	151	St Keters	enter W	aldorl	Mol.
DATE RECEIVE		S SIGNATI	JRE	25. FUNERAL DIRECTOR	0	ADDRESS
MOVI 1 31	A /	theritary	Williams 11 m	It wett +1	Wow.	
VS 150	331					
			A STATE SHALL			460



51 9798

·	1 2000	730		CERTIFICATI	E OF DEATH	Registered No	
BIRTH							
	ME OF DEC	MARY R.	BUSHE	v .		2. DATE OF NOVEMB	ER 12 1951
A. Ba	ACE OF DEA	TH: y, Maryland B	ALTIMO	RE CITY	A. STATE	NCE (Where deceased lived, If in B. COUNTY	
HOSP	ITAL OR	O2 HARFORI		of five Mediaddress or location)	BALTIMORE c. CITY OR TOWN	(If outside corporate limits,  CITY MARYLAND.	write RURAL and give township
c. Le	ngth of sta	y in Baltimore		Life Yrs. Mos. Days		S (If rural, give location)	7-02
5. SE	F	COLOR OR RACE	Sing	MARRIED. ED DIVORCED (Specify)	Feb-19-187	last birthday) Mont	der 1 Year hs: Days Hours Min.
rork door	doring most of w	JPATION (Give kind of orking life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Baltimore		U.S.A.
13. FA	T.	Frank Bus	hey		Annie C.	DEN NAME	
15. W	AS DECEASED	EVER IN U, S. ARME (If yes, give war or date	D FORCES?	None No.	Family Rec	cords	DRESS
18	(This does n heart failure,	OR CONDITION EADING TO DEA ot mean the mode of asthenia, etc. It mea	TH of dying, e. g ans the diseas	CHRON:	of death	TIS JULY 6 195	INTERVAL BETWEEN ONSET AND DEATH
ATION	DISEASES O	NTECEDENT CAUS OR CONDITIONS, I ABOVE CAUSE (A) NG CONDITION L	F ANY, GIVIN	CHRONIC (B)	O INTERSTIT	IAL NEPTHRITIS.	1950
LIFIC		11		(c) ARTER	OR SCLEROS	Is.	1950
CER	TRIBUTING T	NIFICANT COND O THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D CHRONIC GA	ASTRIC ULCE	R	1950
19 <b>Y</b>	A. DATE OF NONE	OPERATION 1	9B. MAJOR	FINDINGS OF OPER NONE	RATION		YES NOX
EDICA 121 HG	A. ACCIDEN'	T. SUICIDE. (Specify)	218. PLA ebout home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	o or 21c. WHERE DII otc.) INJURY OCCUR		e exact location)
	D. TIME (MO	onth) (Day) (Year		VHILE AT NOT WHILE WORK		NJURY OCCUR?	
	TO COO COOL		tended the	and that death occur	LY 6 1950, rred at 3.P.M.;	from the eauses and on the	that I last saw the date stated above
	SIGNATU SLE	200,76	Mal	eller M. D. 3	3013 ST PAUI	L STREET.	NOV 12 195
Z4A. TION.	BURIAL, CRI BEMOVAL (Spe- BUTIAL	cify) Nov 1	5-1951	Mt Olivet		Frederick, Md	
	RECEIVED L REGISTRA		S SIGNATU		Stram	CTOS A	Charles

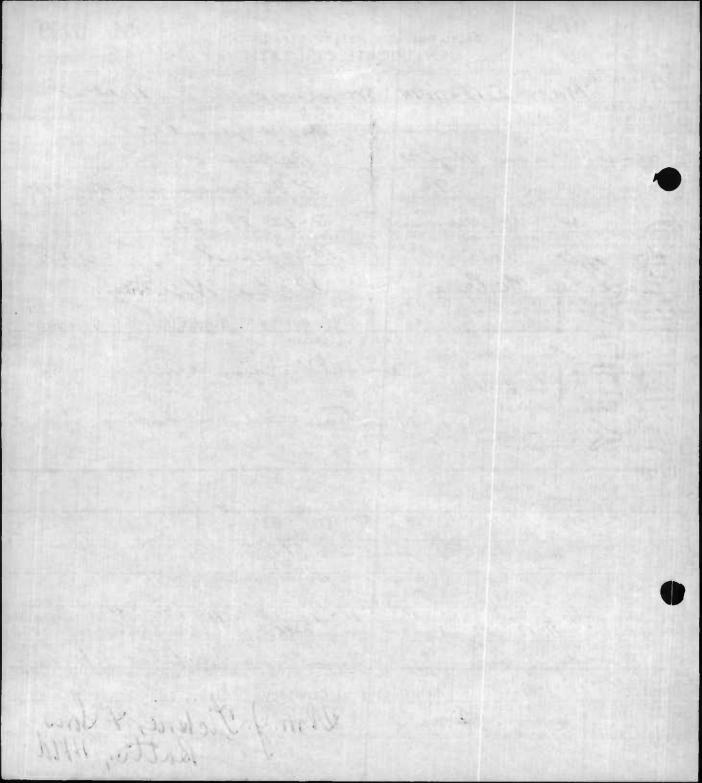
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	MARKETAND TO STA		
		THE REAL PROPERTY.	
			Stoffer Land
		The transfer of the second	
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## CERTIFICATE OF DEATH

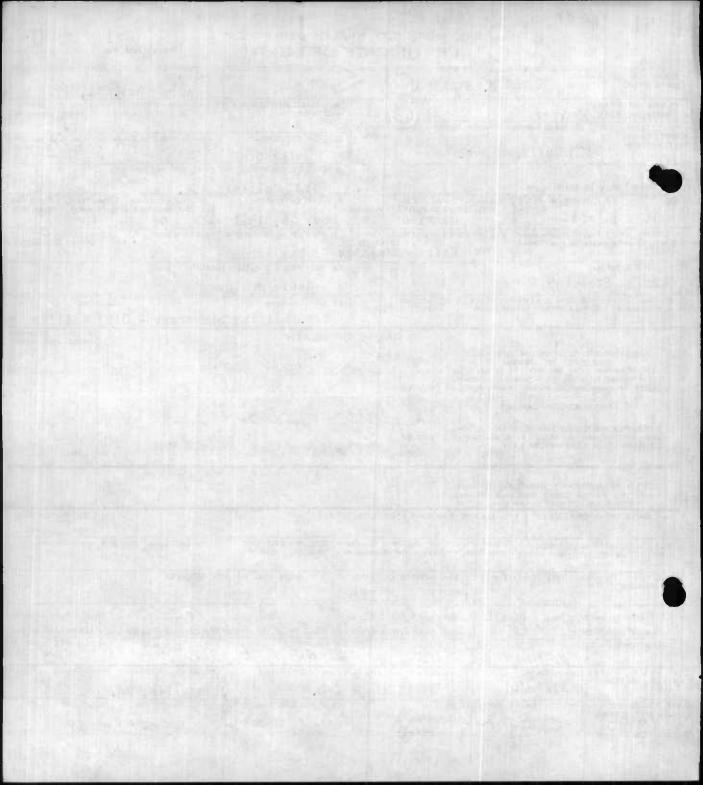
51 9799

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY ELIZABETH OF STOCKSANLE DEATH 11-13-5/ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Union Isrorel Hospotal Yrs. (If rural, give location) Mos. c. bength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewell at home 1.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes do or unknown) (If yes, give war or dates of service) 16. SOCIAL Ave. SECURITY NO. no no Mr. Murray T. Stocksdale-3535 Greenmount 18. CAUSE OF DEATH 442 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., as enly accident heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (a) Hyperleuser cardin muche diese DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT! NOT WHILE 195/ to //- /3 195, that I last saw the 11- 9 22. I hereby certify that I attended the deceased from\_ deceased alive on 11-13 1951, and that death occurred at 2.214 m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) MAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or gounty) 248. DATE Burial 1/16/51 New Cathedral Cemetery Balto. Md DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR white over / manus, the



GOOD

3.	52			CEDITIES AT			OL JOUU
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	1 100.510.110	1100
1. (T)	NAME OF D	ELME	R H. S7	CANSBURY		2. DATE OF DEATH NO	v. 12. 1951
A.		City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
HC	FULL NAME SSPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN	10	mits, write RURAL and give
1		3123 Guilfo	rd Ave.		Baltimon		-01
c.	Tigth of s	stay in Baltimore		Yrs. Mos. Days		ss (If rural, give location)  ford Ave.	
5.	SEX	6. COLOR OR RACE		E, MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	ff Under   Year   If Under 24 Hours Months: Days   Hours   Min.
	male	white	WIDOW	married	Nov. 26, 18		
10 work	done during mont	CUPATION (Give kind of of working life, even if retired)		of Business or INDUSTRY Estate Busines		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S I	NAME			14. MOTHER'S MA		
		Stansbury			Annie Ha	arley	
15 (Yes	. WAS DECEAS , no or unknown) NO	ED EVER IN U. S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	по				Mrs. Lilli	ian Stansbury -	
	18. 4	211		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
_		ANTECEDENT CAUS	SES	art	vin role	rolin - car	dio
Ó		S OR CONDITIONS, I				1	
RTIFICATION		YING CONDITION LA		(c)	rscular	- disease	5 yrs
E		11		Medanisation			V
R		GIGNIFICANT CONDI					
CE	TO THE C	DISEASE OR CONDITION	CAUSING I	Τ			
۲	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	21: 4661	)	1 218 PL 4	CE OF INITIRY (e.g. i	o or   21c. WHERE D	ID (If in Baltimore Cit.	y, give exact location)
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., ie or INJURY OCCUR?  INJURY OCCUR?						
	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		INJURY OCCUR?	
			m.	WHILE AT WORK AT WORK			
							5, that I last saw th
	deceased a	live on dev. 11	, 195/	and that death occur	rred at 5 30 a.m.	, from the causes and or	the date stated above
	23A. SIGNA	TURE	ru	Sodd M. D.	21088	+ Paul St	23c. DATE SIGNED
24	AA. BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE		24D. LOCATION (City, to	wn, or county) (State)
110	Burial (	11/14/5	51	Druid Ridge		Pikesyille, M	Md.
D.	ATE RECEIVED CAL REGIST	BY REGISTRAR	S SIGNATA	Winds He	25 FUNERAL DIR		ADDRESS
#	VS 150		S. Rail	A COMPANY	*	11 11	sot mil

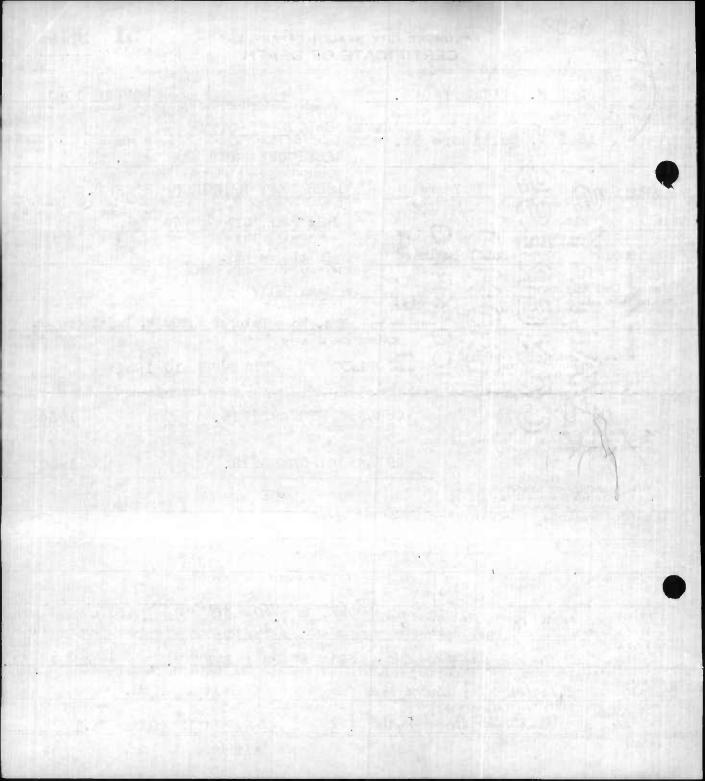


BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	)	
1. NAME OF DECEASED (Type or Print) FRANCIS LEO N	ORRIS		2. DATE OF DEATH NOV.	13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE  Maryland B. COUNTY, before admission)			
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR U.S. Public Healt) INSTITUTION HOSPITA An Pk. Drive & 155.	h Service location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
c. Length of stay in Baltimore	33 days Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)			
M. W	GLE, MARRIED, OWED, DIVORCED (Specify) Single	10/17/45		ths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)  Child	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA			
13. FATHER'S NAME Francis Norris		14. MOTHER'S MAIDEN NA Erma Altizer	ME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yos, no or uokoown)  (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.			
Z DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	(8) VING THE DUE TO (C)	PHOSARCON GENERALI:			
19A. DATE OF OPERATION   19B. MAJ	G ITOR FINDINGS OF OPER	PATION	- 11	20. AUTOPSY?	
LYING OR CONTRIBUTING about ho	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,		f in Baltimore City, give		
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK				
22. I hereby certify that I attended to deceased alive on Nov. 1319 5	1, and that death occur	tred at 3:10P m., from the causes and on the date stated above.  23B. ADDRESS  US PHS HOSPITAL, BALTO, MD.  23C. DATE SIGNED			
24A. BURIAL, CREMA- TION-REMOVAL (Specify)  A E MOUAL  DATE RECEIVED BY REGISTRAR'S SIGN. LOCAL REGISTRAS	24C. NAME OF CEMETE	25. FONERAL DIRECTOR	y#ttsvill seh's Son	ADDRESS HYATTSVILLE	
VS 150	Late and party			55E Md.	

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51 9802 Registered No.

В	IRTH NO.						
	NAME OF DECEASED			2. DATE OF			
	JAMES F	. LOUDEN	SLAGER.	DEATH NOV 10 1951			
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF 11f not in h	BALTIMO	RE CITY	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) BALTIMORE CITY			
Н	OSPITAL OR 1808 W.	Baltim	ore St. location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
*1	No	ONE		BALTIMORE CITY	MARYLAND.	25-0 Cownship)	
			Yrs.	D. STREET ADDRESS (If I	rural, give location)		
C.	Length of stay in Baltimor	re 74	Years Mos.	1808 WEST BALT	IMORE STRE	ET.	
	SEX 6. COLOR OR RA	WIDOW	E, MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH July 29th.1877		under 1 Yeer h Under 24 Hours h that Days Hours Min.	
10	DA. USUAL OCCUPATION (Give k done during most of worklog life, even if re	indof 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF	
	Retired	Hotel :	Business	Baltimore Md.		WHAT COUNTRY?	
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
	Jesse Loudenslage	r		Emma Kelly			
15	5. WAS DECEASED EVER IN U. S. A. no or unknown) (If yes, give war or	RMED FORCES?	16. SOCIAL	17. INFORMANT	Al	DDRESS	
(xe	(11 yes, give war o	-	SECURITY NO.	Mrs. Rose Delcher	1808 W. Ba	ltimore St	
	18. //>			OF DEATH	1000 11. 120.	INTERVAL BETWEEN	
	DISEASE OR CONDITI	ON DIRECTLY	ONOSE	OI BEATH		ONSET AND DEATH	
	LEADING TO (This does not mean the m	DEATH	APOPLE	APOPLEXY NOVEMBE			
	heart failure, asthenia, etc. It	t means the diseas	e,	***************************************			
z	ANTECEDENT C	CAUSES	CHRONI	C MYOCARDITIS.		1950	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			***************************************			
A	UNDERLYING CONDITION LAST.						
F	(C)			OR SCLEROSIS.		1950	
F	OTHER SIGNIFICANT CO	ONDITIONS COL					
CE	TRIBUTING TO THE DEATH, TO THE DISEASE OR COND	BUT NOT RELATE	D	NONE			
	19A. DATE OF OPERATION	198. MAJOR	R FINDINGS OF OPERATION			20. AUTOPSY?	
A	NONE		ONE			YES NO X	
IEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bidg., c		f in Baltimore City, g	rive exact location)	
Σ	D. TIME (Month) (Day) (	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	INJURY  MHILE AT NOT WHILE  AT WORK  AT WORK						
	22. I hereby certify that I	that I last saw the					
	deceased alive on NOV	10,1951	and that death occur	UST 8, 1951, to NO		ne date stated above.	
	234. SIGNATURE	Pollar	1/10- 2	3B. ADDRESS		23c. DATE SIGNED	
	(Mas.).	Well	Cleckm. D. 3	3013 ST PAUL ST	REET	NOV 10 51	
2 TI	4A. BURIAL, CREMA- 24B. DA ON, REMOVAL (Specify)	TE :	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town,	or county) (State)	
	Burial 11/14	/51	Loudon Park		timore Md.		
	ATE RECEIVED BY REGISTE	RAR'S SIGNATE	RE	25 FUNERAL DIRECTOR	Dr.	ADDRESS	
	NUV 1 / 1951	white for	Museus Her	Deo. L. Beyer	1512 Hollins	St.	
	VS 150		A BACO	R Baltimo	re 23 Md.	and	
			27001	5 Dai Girio	TE KU mu.	700	



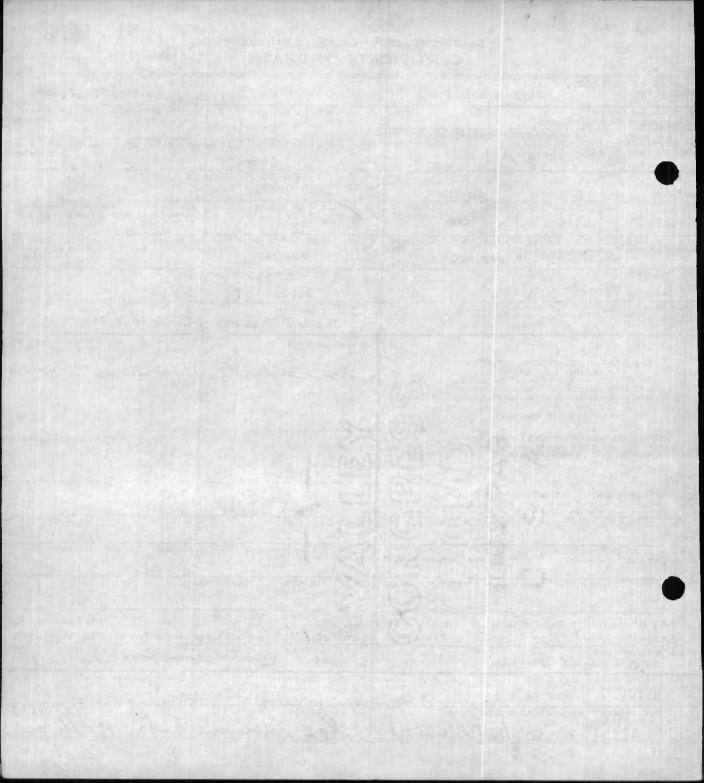
51 9803

Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF November 13,1951 Sa rah Goldman (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If cutside corporate limits, write RURAL and give 2628 Oswego Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2628 Oswego Ave 45 Yrs c. Length of stay in Baltimore Days AGE (In years | Monder | Year | 11 Under 24 Hours last birthday) | Months Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED DIVORCED (Specify) Female White 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? orkdoneduring most of working life, expainedired) INDUSTRY Poland own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Eisner Mollie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 3435 Wabash Ave Jacob J Goldman INTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arterio derotic Heart Disease 5 years LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Lone TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICA 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from for 19 19 16, to how. 13, 1951, that I last saw the deceased alive on 13, 1951, and that death occurred at 7 15 4 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Cersterstown Con TLOV 13 1951 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Baltomore Eurial Nov, 14, 1951 Aitz Chaim Cong Cemetery DATE RECEIVED BY

The same of the same of

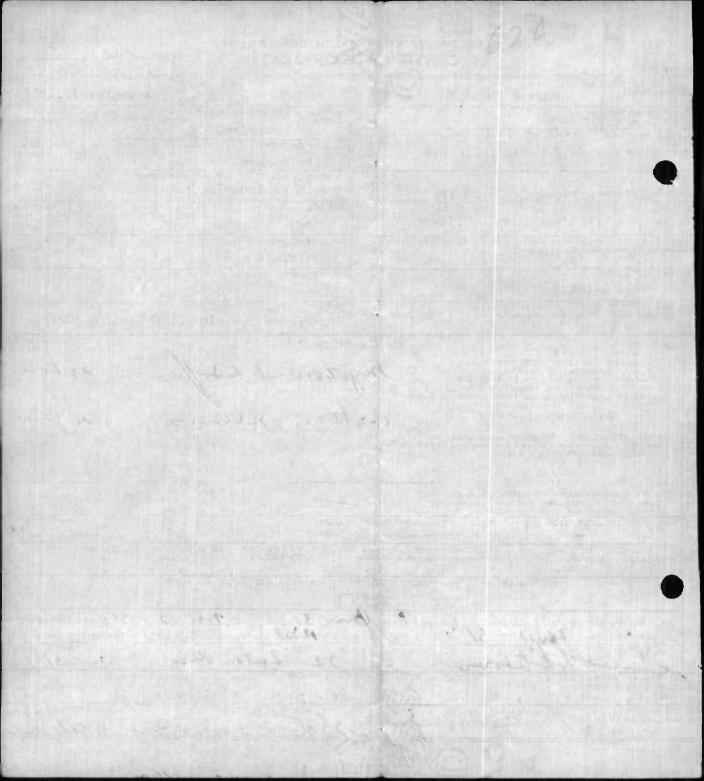
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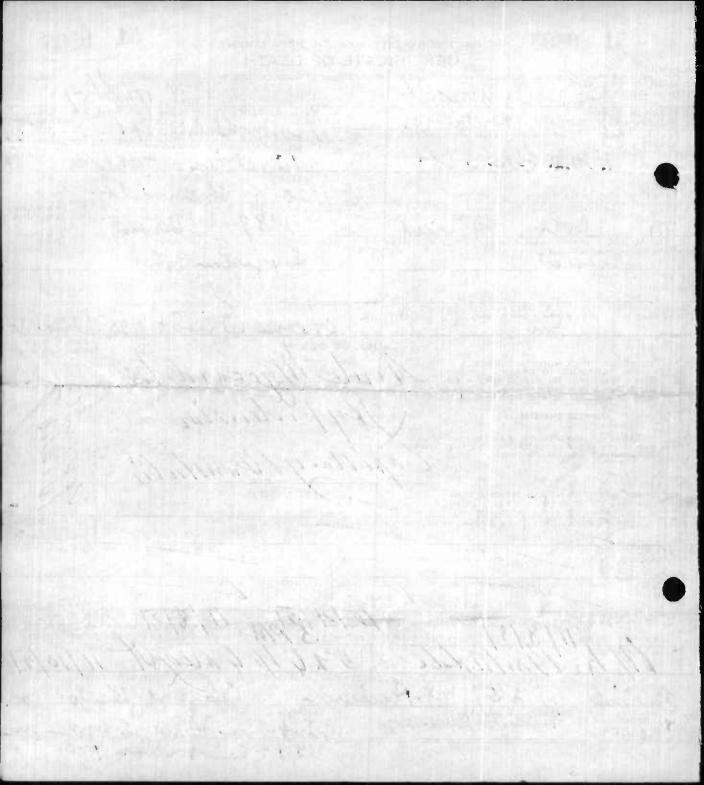
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Registered	No	

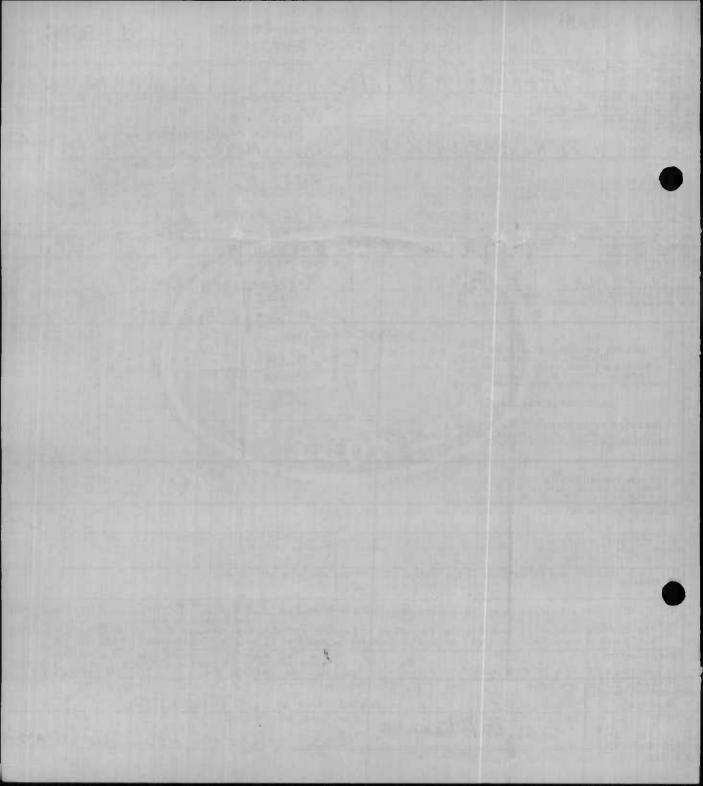
BIRTH NO.		11-11-12							
1. NAME OF (Type or Print)		h Tolok	of	2. DATE OF November 13,1951					
3. PLACE OF A. Baltimore B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland  OF (If not in hospit	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)							
	stay in Baltimore		Yrs. Mos. Days	3606 Deni	p. STREET ADDRESS (If rural, give location) 3606 Denison Road				
Male	6. COLOR OR RACE	WIDOW	E. MARRIED. ED DIVORCED (Specif)	1000	la	85	Il Under   Year Months: Days		
Retired	CCUPATION (Give kind of the control	10B. KIND	OF BUSINESS OR INDUSTR	Υ.	11. BIRTHPLACE (State or foreign country)  Russia:  12. CITIZEN OF WHAT COUNTY				
	n Tobokof			14. MOTHER'S MA Unkown	IDEN NAME				
15. WAS DECEA	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr Abraham	Epstein	3606 De	address enison R	oad	
heart fai	ASE OR CONDITION LEADING TO DEA LITER TO LEADING TO DEA LITER TO LEADING TO DEA LEADING TO DE LE	TH of dying, e. g ans the diseas caused death SES  IF ANY, GIVIN D STATING TH	(A) M	yourul firio s	a Lag eler o	Voice.		Yzon	
TRIBUTI	SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATI	E.D						
N N			FINDINGS OF OPE		olD (If in )	Reltimore City	y, give exact	NO NO	
HOMICIDE  TIME INJUR  22. I here	(Month) (Day) (Year by certify that I at alive on Fal 12	ebout home, so the control of the co	arm.factory.atreet.office bldg  2 1E. INJURY OCCUR  WHILE AT NOT WHILE AT WORK  deceased from  and that death occu	INJURY OCCU  RED 21F. HOW DID  L. 3/, 19  urred at 12,30 m.  23B. ADDRESS	, to The	UR7  /2, 19 uses and on	51, that I is the date st	last saw the	
24A. BURIAL, TION, REMOVAL Eurial	CREMA- 24B. DATE (Specify) NOV 14,		e M.D.   24c. NAME OF CEMET Bnai Israel (	ERY OR CREMATORY	24D. LOCAT	ION (City, to			
DATE RECEIV LOCAL REGIS VS 150	ED BY   REGISTRAR			25. FUNERAL DIR		2	ADDRES	s 1126 h	
A2 120		- TOTAL	24				110		





# CERTIFICATE OF DEATH Registered No. 9806

B	RTH NO.							
(T	NAME OF D 'ype or Print)	HH	thur.	1. Robert	S	2. DATE OF NO L	1.12,1911	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF A finot in hospital or institution, give street address or HOSPITAL OR INSTITUTION  HOPKINS HOSPITAL (DOR)					DALTIMORE	B. COUNTY outside corporate limi	institution: residence before admission) ts, write RURAL and give township)	
c.	gth of s	tay in Baltimore	9	Yrs. Mos. Days		TAPISON	ST.	
5.	10/e	6. COLOR OR RAC White CUPATION (Give kin	WIDOW MA	E, MARRIED, VED, DIVORCED (Specify) RRIED OF BUSINESS OR	8. DATE OF BIRTH  AUG. 28/1873  11. BIRTHPLACE (State or fo	78	if Ender I Yeat If Under 24 Hours on the Days Hours Min.	
5	TEWAR FATHER'S N	f working life, even if reti	STEA	MSHIP CO.	BALTIMORE  14. MOTHER'S MAIDEN NA	AME	WHAT COUNTRY?	
15 (Ye	. WAS DECEASE	D EVER IN U. S. AR (If yes, give war or	MED FORCES?	16. SOCIAL SECURITY NO.	MATILDA D 17. INFORMANT MRS. AWNIE		DDRESS 2320 E MADISONS	
RTIFICATION	OISEASES	GE OR CONDITION LEADING TO D not mean the more re, asthenia, etc. It is complication while ANTECEDENT CA GOR CONDITIONS HE ABOVE CAUSE VING CONDITION	EATH de of dying, e.; menns the diseas h caused death AUSES S, IF ANY, GIVIN (A) STATING TH	g., (A)se, (B)	COLONGLY I	)isedse	INTERVAL BETWEEN ONSET AND DEATH	
Ш	TRIBUTING	IGNIFICANT CON TO THE DEATH, B SEASE OR CONDIT	UT NOT RELATE	ED				
IL C	19A. DATE O	20. AUTOPSY?						
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
	22. I certify that I took charge of the remains described above, held an Autops, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes of accident of suicide of homicide of undetermined of Assistant Medical examiner							
24 TIC	N. REMOVAL (S	pecify)		24c. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, town	or county) (State)	
LC	ATE RECEIVED CAL REGISTI	BY REGISTRA	AR'S SIGNADA	All market to the till	25. FUNERAL DIRECTOR  VLLRICH FUNER	PAL HOME	ADDRESS 2008 OFLEANS	
V	S 151		30 45 1	The statement of		•	94a ~	



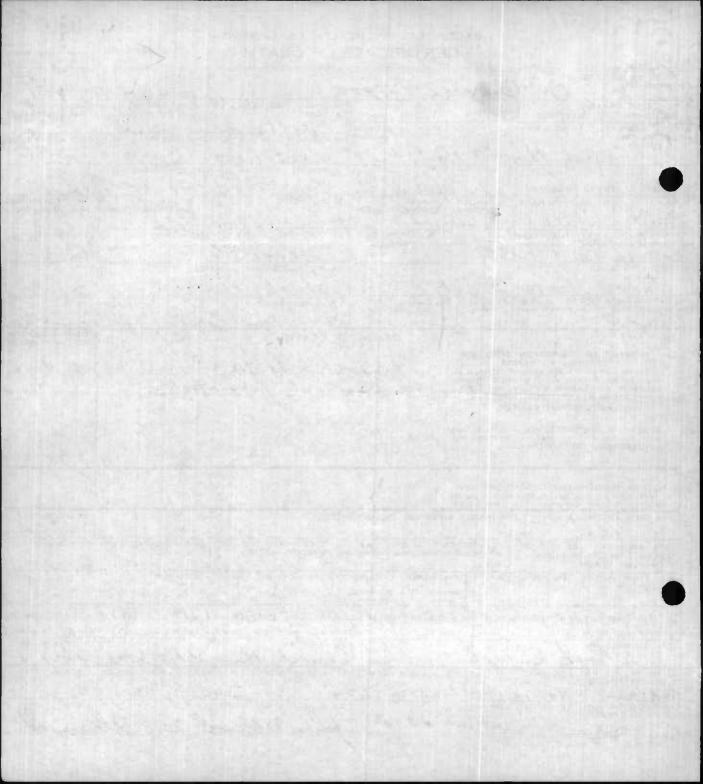
### BALTIMORE CITY HEALTH DEPARTMENT

51 9807

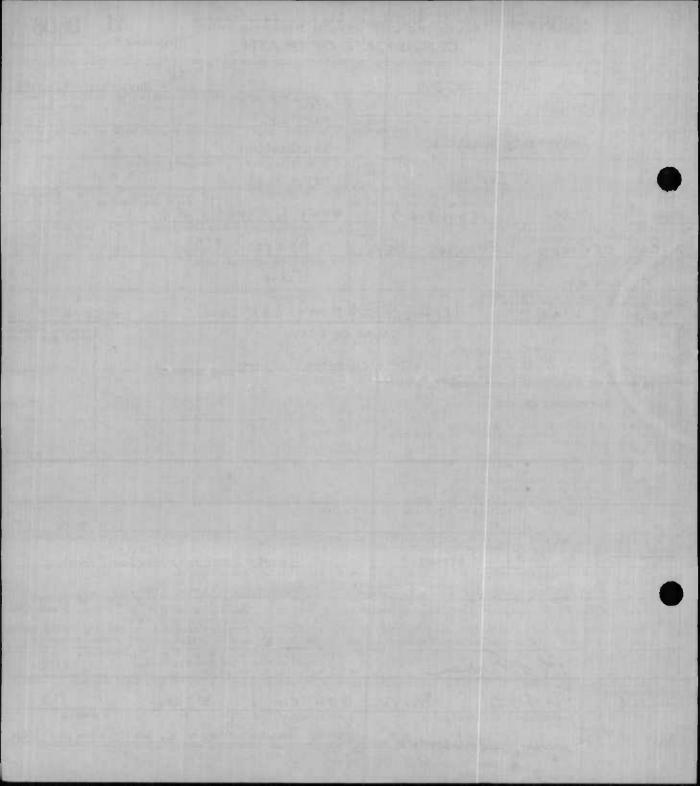
117a

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED Mr. Charles Star	2. DATE OF DEATH Nov. 12, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION Church Home & Hospital	Baltimore 6-02 township
Yrs. Mos	D. STREET ADDRESS (If rural, give location)
c. Light of stay in Baltimore 76 VYS Days  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year 14 Under 24 Hours
Male White Single	Feb ZI 1875 The last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dependence of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES HENRY STAYS	SArah Howard
15. WAS DECEASED EVER IN U. S. REMED FORCES? 16. SOCIAL (Yes, no pr nnh nown) (If yes, give was or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
UNKNOWN	Mrs Raymond Smith 408 Hopkins Rd
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) PRY (A)	rated peptic when with 3 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	peritohitis days
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
None	YES V NO
Vone  21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., CAUSE OF DEATH	
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
	· · · · · · · · · · · · · · · · · · ·
deceased alive on 11/12, 1951, and that death occur	rred at 624 pm., from the eauses and on the date stated above
1) reed Carroll M.D.	Church Home & Hospital 11/12/2-1
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	
BURIAL NOV. 16, 1951 LOUDON PAT DATE RECEIVED BY I REGISTRAT'S SIGNATURE	RK BALTO., M.  1 25, FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	who getteril good the Il
NOV 150951	June willow and second

Same of Contraction and the



	TED 12-11-51 EALTH DEPARTMENT 51	9808
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) EDWARD SHELDUN	2. DATE OF DEATH November	r 11. 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst.  A. STATE  B. COUNTY	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location		rite RURAL and give
University Hospital	Randlestown	township)
of the of stay in Raltimore 4/FE Mos.	D. STREET ADDRESS (If rural, give location)	200
c. gth of stay in Baltimore LIFE Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		r 1 Year   If Under 24 Hours
Male White WIDOWED, DIVORCED (Specify M G R 3 1 5 )	Jan. 9, 1900   last birthday) Months	Days Hours Min.
NIGHT OF THE RESON TOTEL		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FOWERD	Eug	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 217-26-076	MARY Shelden Sq	RESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	RATION	YES NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg. Street  21b. TIME (Menth) (Day) (Year) (Hour)  21c. INJURY OCCURF INJURY  11/11/51 6: 30 Pa. WORK AT WORK	Liberty Road near Referred  21F. How DID INJURY OCCUR?	exact location) Road
22. I certify that I took charge of the remains described	5	hercon and from
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the destruction $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , under	etermined [].
23A. SIGNATURE & Stroke		DATE SIGNED
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 11/14/1951 B4LTO.	HEBREW B9 LTO.	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR NOV 1 41951		THW PL.
V S 151 N - 856.0 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	88 17	1000



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sha Sadare DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Fron7 rth of stay in Baltimore Days 7. SINGYE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE AGE (In years) 5. SEX last birthday) Months Dnys Hours Min. 6 10A US OCCUPATION (Give kind of 108. KIND OF BUSINESS OR THPLACE (State or foreign country) 12, CITIZEN OF mg most of working life, even if retired) INDUSTRY WHAT COUNTRY roce more 13. FATHER'S NAME MAIDEN NAME ma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or shout home, farm, factory, street, office bidg., etc.) 2 IC. WHERE DID

21E. INJURY OCCURRED

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

WORK AT WORK

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED

19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour)

INJURY NOT WHILE WHILE AT

22. I certify that I took charge of the remains described above, held an \_

and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER ....

MEDICAL INVESTIGATOR BURIAL, CREMA-REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Autopsy, Inspection or Inquiry

(If in Baltimore City, give exact location)

ADDRESS

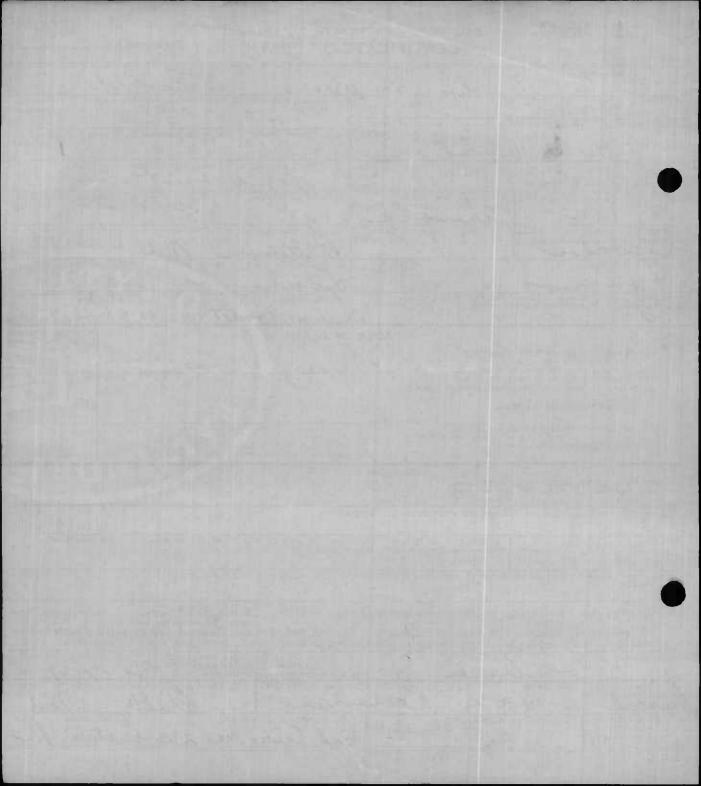
23C. DATE SIGNED

20. AUTOPSY

DATE RECEIVED BY LOCAL REGISTRAR

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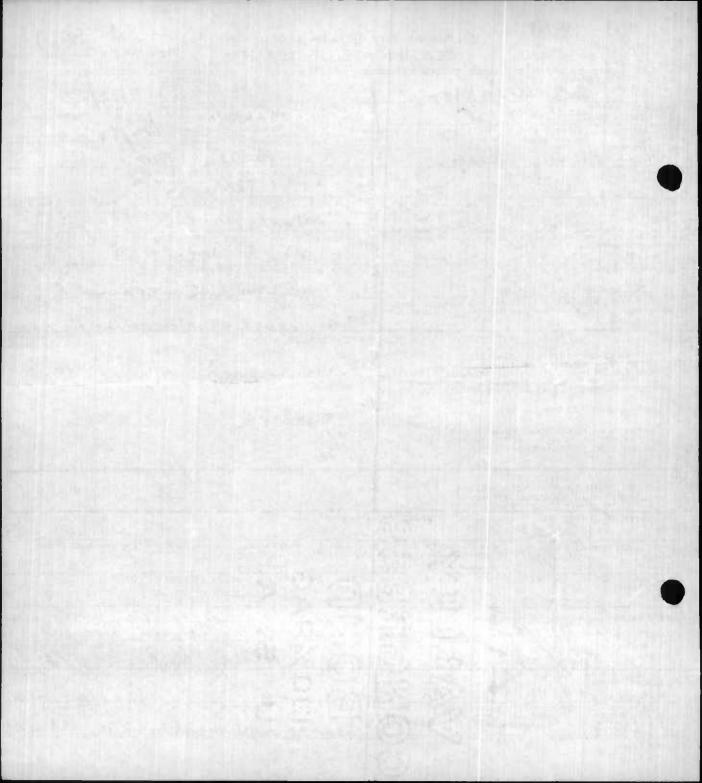
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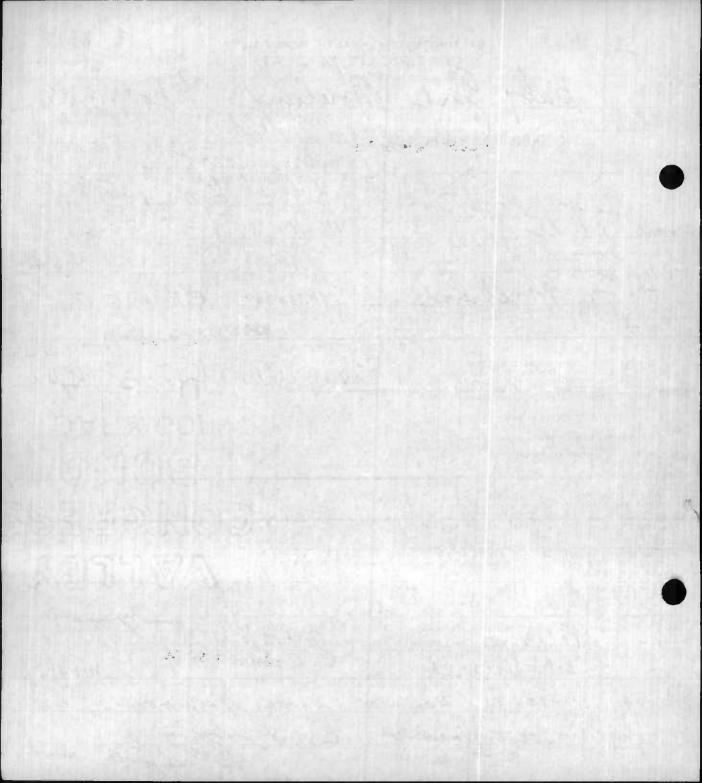


5/-0 10 = 1 CERTIFICATI	E OF DEATH Registered No.					
BIRTH NO. 2 48 93	a or bearing					
(Type or Print)  Bol. Winklen	2. DATE OF DEATH 1//13/5/					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence a. STATE 2024 STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
mercy these.	Ball med township)					
c. Hength of stay in Baltimore	D. STREET ADDRESS (If gural/give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years     Under 1 Year     Under 24 Hours					
F W neulan	10/83/51 last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekind of rork done during moet of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Kenry Winkley	Geraldine Zymitt					
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
no	My HERry F. WinKler, 202. Leslie. Are					
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	200 1. 1					
(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	remalurity 30 days					
ANTECEDENT CAUSES	region is a second seco					
DISEASES OR CONDITIONS, IF ANY, GIVING	Cachegia					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(C)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e						
INJURY  Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  NOT WHILE AT MOT WHILE  AT WORK  AT WORK						
22. I hereby certify that I attended the deceased from 18/23/51, 19, to 11/13/51, 19, that I last saw the						
deceased alive on 4/13/51, 19 and that death occurred at \$30Pm., from the causes and on the date stated above.						
	38. ADDRESS POLICE NO. A 23C. DATE SIGNED					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)					
Buria, 1/14/51 Park 1140	od. Can. Bulto Mc.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
VUV 4 501	Lassahn Timeral Home 7401 Belain Rd					

- WIND CONTRACTOR

VS 150





		CO ICAN	BALTIMORE CITY H	EALTH DEPARTMENT	D 11 127	
BIRT	TH NO.		CERTIFICAT	E OF DEATH	Registered No	)
	AME OF DECEA	A	. BURDETT	e.	2. DATE OF DEATH Nov.	12 1951
3. PI	LACE OF DEATH	Maryland BAL		4. USUAL RESIDENCE (V		stitution: residence
B. FL HOS	JLL NAME OF PITAL OR FITUTION	(If not in hospital or in	stitution, give street address on location)	MARYLAND	0.	
	2806 E.	BALTIMON	PC ST.	BALTIMOR	e 6-	O / township)
		DA	Yrs. <del>Mos</del> .	D. STREET ADDRESS (If	rural, give location)	
c. L	ength of stay i		Days NGLE, MARRIED,	2806 E BAL	TIMORE.	sT.
_/	2	w	DOWED, DIVORCED (Specify)	Pec. 24. 1872	last birthday) Mon	nder I Year it Under 24 Heurs ths Days Hours Min.
vork do	USUAL OCCUPA	ing life, even if retired)	KIND OF BUSINESS OR INDUSTRY		oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
12 5	HOUSE W	"FC		BALTIMORE	Md.	U.S.A.
13, 1	Para			14. MOTHER'S MAIDEN N.	AME	
15. \	MAS DECEASED EV	ER IN U. S. ARMED FORC	BIN ES?   16, SOCIAL		SHERRY	
Yes, n	o or nnknown) (If	yes, give war or dates of serv	SECURITY NO.	17. INFORMANT	_	DRESS
1,	8. //-		24112	MR. ALBERT KABA	55A 24061.	UNITERVAL BETWEEN
Ι,	720.	CONDITION DIRECT		OF DEATH		ONSET AND DEATH
	LEA	DING TO DEATH mean the mode of dying		chal I have be	2.0	30 minute
	heart failure, as	thenia, etc. It means the	disease,			
			death.) DUE TO	had arteriorda	roses	1
7		ECEDENT CAUSES	(B)			Years
<u>o</u>	DISEASES OR	CONDITIONS, IF ANY,	GIVING	***************************************	*************************************	***************************************
4	UNDERLYING	CONDITION LAST.	(C)			
			(0)	1		
CERTI	TRIBUTING TO	II FICANT CONDITIONS THE DEATH, BUT NOT R E OR CONDITION CAUSE	ELATED // //	of Desare	lerdri	YEARS
1 1	9A. DATE OF OF		AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
N.						YES NO
	21A. ACCIDENT LYING OR COI CAUSE OF DEAT	NTRIBUTING   about	B. PLACE OF INJURY (s. g., i bome, farm, factory, street, office bldg.,	n or 21C. WHERE DID (Inste.) INJURY OCCUR?	If in Baltimore City, giv	re exact location)
	TIME (Mont	h) (Day) (Year) (Hour	WHILE AT NOT WHILE		OCCUR?	
-	n 7.1		m.   WORK L. AT WORK		1.2	
	leceased alive o	rtify that I attended $0n_10-9$ 195		// , 19 5 <b>7</b> , to //	, 195/,	that I last saw the
	3A. SIGNATURE			rred at 5: 40 Pm., from t	ne causes and on the	23c. DATE SIGNED
	Mens	tutterm	an M.D.	2 E. Read Street	400	11-13-51
24A.	BURIAL, CREMA	A- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
8	08/16	Nov. 15 195	WATERS MEAD	PIAL CENCICA COOL	Prown, MAR	YLAND.
DAT	E RECEIVED BY AL REGISTRAR	REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR		ADDRESS
	OV 1 4195	F Hindust	/ Volliands He	BERNARD PABROW	USKI 25HL	. BALTO. ST.

P 19 10 1

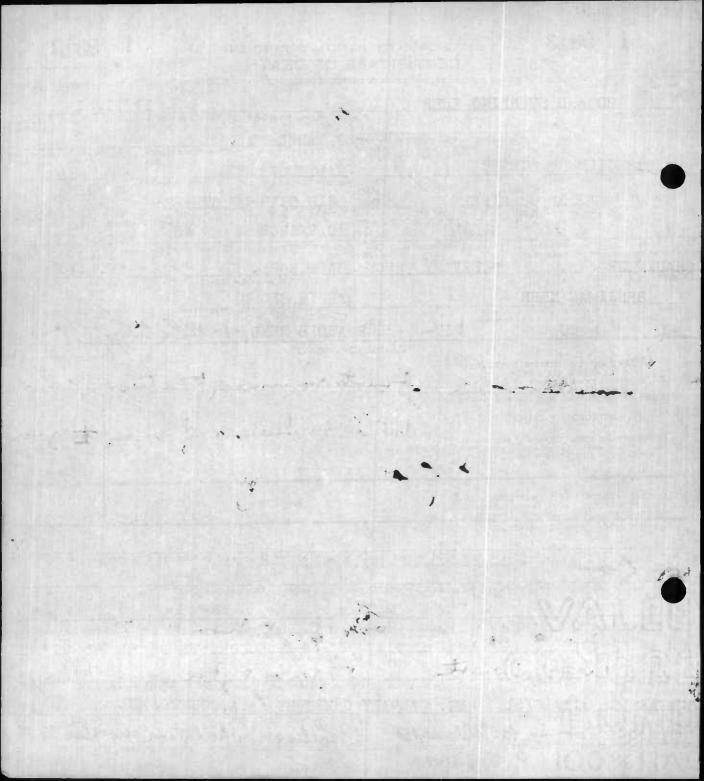
and the second of the second of the second BELLEVILLE RESERVED TO THE SECOND SEC The terms of the second of the

BIRTH NO.

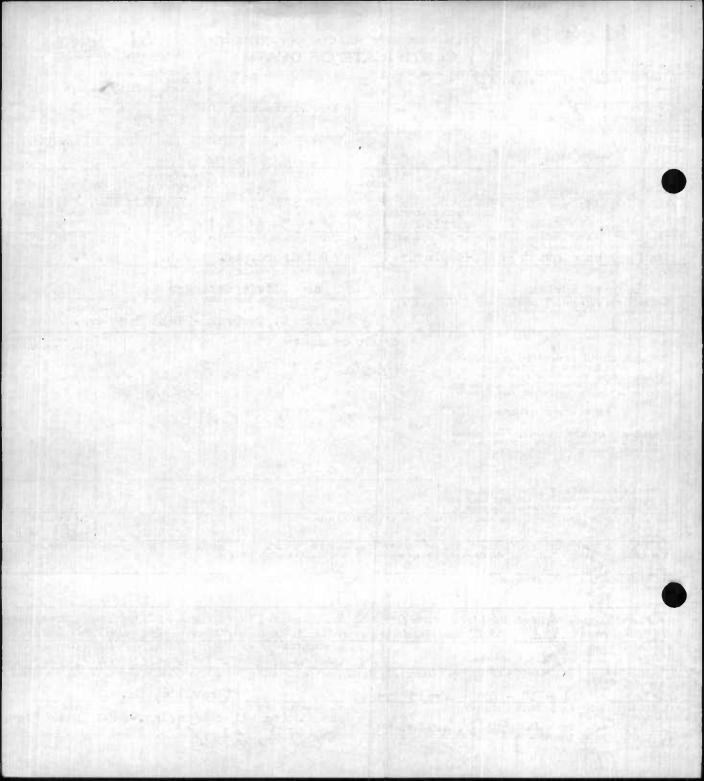
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9813 Registered No.

1. NAME OF DECEA (Type or Print)						2. DATE		
HOV		RLING KER	RR			DEATH 1	/11/51	
3. PLACE OF DEATH A. Baltimore City,				4. USUAL RESII	4. USUAL RESIDENCE (Where deceased lived, If institution: residence			
B. FULL NAME OF		al or institution, gi	ve street address		MD	B. COUNTY	befor	e ndmission)
HOSPITAL OR INSTITUTION			locatio	c. CITY OR TOW		f outside corporate l	imits, write RIII	AL and give
- 4 (4) (4) (4)	BERT ST	REET		BALTIMORI		110-	-01	township)
			Yrs			rural, give location		
c. Length of stay in	n Baltimore	TITE	Mos					
	LOR OR RACE		Day			9. AGE (In years	If Under 1 Year	W.U4 - 04 B
M	C	7. SINGLE, MAI WIDOWED, D SINGLE	IVORCED (Speci	10/7/1908		last birthday)	Months Days	Hours Min.
IOA. USUAL OCCUPA	TION (Give kind of	10B. KIND OF		11. BIRTHPLACE	(State or fo	oreign country)	12. CITIZE	N OF
CHAUFFEUR	ng 1110, even if retired)	DET TWEE	INDUSTR Y TRUCK	Y			WHAT	COUNTRY?
13. FATHER'S NAME		DE-DIVEL	IL INUCA	BALTIMORI 14. MOTHER'S M		ANGE	U.S.A	•
BENJIN	IAN KERR			ADDIE BRO		AME		
5. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?   16.	SOCIAL		71171			
Yes, no or unknown) (If	yes, give war or dates	of service)	-09-856	17. INFORMANT	n 1	21800	ADDRESS	~
1	NO	K-1 (			ED-/	- 18Cell	m 51	
18. 421.4	- 1		CAUSE	OF DEATH				L BETWEEN
DISEASE OR	CONDITION I	DIRECTLY		e			J ONSEI	AND DEATH
(This does not n	nean the mode of henia, etc. It mean	f dving a g	(A) .G	Tichen		DET		2
injury or compl	lication which ca	aused death.)	OUE TO			7		***************************************
ANTE	CEDENT CAUS	FC				College Park		
			18 Adde	who he		- 1		
DISEASES OR C	ONDITIONS, IF	ANY, GIVING	(10)				Vanney	7
UNDERLYING	CONDITION LAS	STATING THE D	OUE TO					
			(C)	***************************************		***********		***************************************
	11							
OTHER SIGNIF	ICANT CONDIT	TIONS CON-						
TO THE DISEASE	OR CONDITION	CAUSING IT.						
19A. DATE OF OPE	ERATION 19	B. MAJOR FIND	INGS OF OPE	RATION				JTOPSYY
							YES	No V
21a. ACCIDENT V LYING□ OR CON		218. PLACE Of about home, farm, fact	FINJURY (e. g.	in or   21c. WHERE	DID (I	I in Baltimore Cit;	y, give exact lo	cation)
CAUSE OF DEATH			or y , our deal, office bid	.,etc.) INJURY OCCI	ואו			
TIME (Month	) (Day) (Year)	(Hour)   21E. IN	JURY OCCUR	RED 21F, HOW DIE	INJURY	OCCUR?		
NJURY		WHILE A	NOT WHIL	E				
20 77 1	10 2 2	m. WORK						1100000
22. I hereby cert	ify that I atte				, to	19	1, that I la	st saw the
deceased alive of		, 19.5 \ and th	nat death oce		., from th	he causes and on	the date sta	ted above.
Z3A, SIGNATURE	. 15 . 1	1 11		23B. ADDRESS		1	23c. DAT.	ESIGNED
AA BURIAL CRENA.	248. DATE	No ore	M. D.	1156	6	to	1	77
4A. BURIAL, CREMA- ION, REMOVAL (Specify)	Z40. DATE	24C. N	AME OF CEMET	ERY OR CREMATORY	-	OCATION (City, to	vn, or county)	(State)
BURTAL	11/16/5	I III.	CALVARY	CEMETERY	A.A.	COUNTY, N	D.	
ATE RECEIVED BY	REGISTRAR'S	SIGNATURE-	44 -	25. FUNERAL DIE	RECTOR		ADDRESS	2
0V 1 4 1951	Handha	Top Polling	had you the	Charles #	Cook	e 512 C	envelor	av
VS 150		TO CARROLL STATE OF THE STATE O	STATE OF THE PARTY	8352	0		92	5
		A STATE OF						



, /	5 5	1 9814			ALTH DEPARTMENT	51 Registered No.	9814
8	IRTH NO.		-1	CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D	eceased and	s Bu	RBANK		2. DATE OF DEATH	.51
A.	PLACE OF DE Baltimore C	City, Maryland	Balti	more ion, give street address or	4. USUAL RESIDENCE (W	Where deceased lived. If inst B. COUNTY	titution : residence before admission)
H	OSPITAL OR			Hospital	c. CITY OR TOWN (If	outside corporate limits, w	riteRURAL and give township)
c.	ength of st	tay in Baltimore		life Yrs. Mos. Days	1619 Park to		
	nale	6. COLOR OR RACE	WIDOW	e, MARRIED, ZED, DIVORCED (Specify) rried	8. DATE OF BIRTH thril 14, 1874	9. AGE (In years a last birthday) Month	et I Year B Days Hours Min.
FOF	letires	CUPATION (Give kind of working life, even if retired accountant	)	OF BUSINESS OR INDUSTRY mployed	Baltimore, Md.		CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S N				14. MOTHER'S MAIDEN NA		
		nard Burbank			Mary Olivia Ess	sender	
(Ye	s, no or nuknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Marian S. Burbanl		RESS Ave.
CERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DE/S s not mean the mode tre, asthenia, etc. It me complication which  ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L  SIGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	of dying, e. gans the diseas caused death SES  IF ANY, GIVIN ) STATING TO AST.  DITIONS COUNTY OF NOT RELATIONS TO THE AST.	(B) CUT!  (B) CUT!  (C) A.S	co-Intestinal etiologie u hal thromb	Hemourhage ntension Posis	
				FINDINGS OF OPER	ATION		20. AUTOPSY?
<b>IEDICA</b>	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, give	
Σ	21b. TIME (	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereb deceased al	live on 11.13	tended the, 19 S/,		11. 1951, to 1 red at 650 a.m., from to 3B. ADDRESS laryland genera	he causes and on the	hat I last saw the date stated above. 23c. DATE SIGNED 11.13.51.
	4A. BURIAL, ON, REMOVAL (S	specify)	41	24c. NAME OF CEMETE	RY OR OREMATORY 24D. L		county) (State)
DL	burial ATE RECEIVE OCAL REGIST	11 - 16 D BY REGISTRAF	- 51	Druid Ridge	25. FUNERAL DIRECTOR John O.Mitchell &		DDRESS Eutaw Place
Ħ	10V <sub>2</sub> 1,4,19	3	200 A 30.00 A	10000000	MB Mitelie	tt	93)



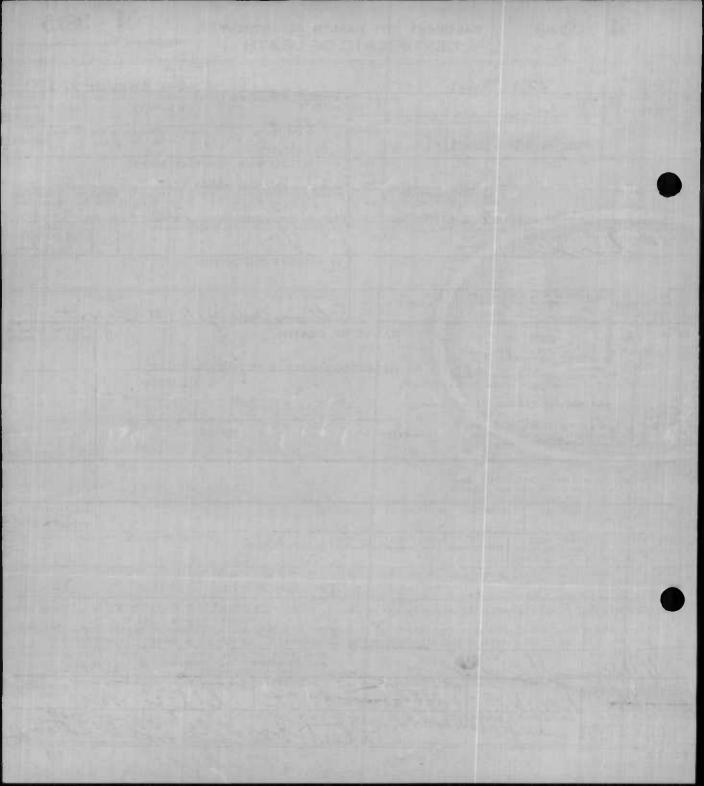
6 2051 9815

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9815

Registered No .\_\_

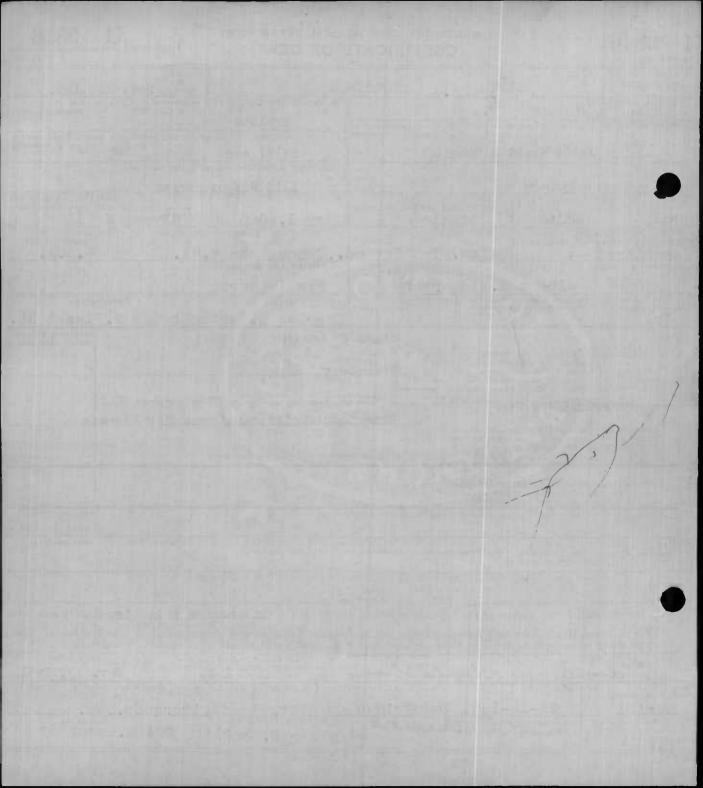
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE OF	
	JOHN TRAC	EY		DEATH NOVEM	ber 9, 1951
a. Baltimore City. Mary	land		4. USUAL RESIDENCE (W	Where deceased lived. If i B. COUNTY	institution : residence before admission)
	t in hospital or institu	tion, give street address or			
HOSPITAL OR INSTITUTION T. L.	TT	location)	c. CITY OR TOWN (If	outside corrorate limits	write RURAL and give township)
Jonns	Hopkins Hos	pital	Baltimore	0 -	
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
cangth of stay in Balt	imore	Mos. Days	1113 N. Gay St	reet.	
5   6. COLOR 6		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
W 3	- 1.	WED, DIVORCED (Specify)	1/1/27/79	last birthday) Mon	nths Days Hours Min.
Male   Colore	1/1/20	D OF BUSINESS OR	11. BARTHPLACE (State or fo	project country)	12. CITIZEN OF
work dooe during most working life, ev	en if retired)	INDUSTRY		neigh country)	WHAT COUNTRY?
Store	L   -	Clare	V		usa
13. FATHER'S NAME		0	14. MOTHER'S MAIDEN NA	AME	
15. WAS DECEASED EVER IN L	, S. ARMED FORCES?	I 16. SOCIAL	17. INFORMANT	Δ1	DDRESS
(Yes, no or unknown) (If yes, give	war or dates of service)	SECURITY NO.	1		' AL
			Villian Trace	1//3 n. 5	my st
18. 1/2 1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OF CON	I IDITION DIRECTLY	,			ONSE! AND DEATH
LEADING	TO DEATH		2.	2	
(This does not mean theart failure, asthenia,		g., (A) Arteri	osclerotic cardio	vascular	
injury or complication				disease	
ANTECEDE	NT CAUSES				
ANTECEBE	NI CAUSES	(B)			
O DISEASES OR COND		ING	***************************************	***************************************	***************************************
UNDERLYING COND	AUSE (A) STATING T	THE DUE TO			
<b>«</b>		(C)		***************************************	******
OTHER SIGNIFICAN		N-			
TRIBUTING TO THE DE					
U 194. DATE OF OPERATI		R FINDINGS OF OPER	RATION		20. AUTOPSY?
1 SAL BATE OF GLERATI					YES NO X
<b>4</b>	1114	ACE OF INJURY (e. g., i	in or   21c. WHERE DID (I	If in Baltimore City, g	
UNDERLYING OR C		farm, factory, street, office bldg.,			
UTING CAUSE OF					
Z 21D. TIME (Month) (Da	y) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	m.	WHILE AT WORK			
			· · · · · · · · · · · · · · · · · · ·	tion 0 inquin	77.1
I certify that I t	ook charge of the	e remains deserbed of	above, held an inspect	Inspection or Inquiry	I thereon and from
the evidence obto	ined by said Aut	topsy. Inspection or	Inquiry, find that said de	eeeased died on th	c day stated above,
and death in my	opinion resulted	from: natural cause.	s 🔼, accident 🗌, suicide	. homicide ., u	ndctermined [].
23A. SIGNATURE	100		23B. CHIEF MEDICAL		C. DATE SIGNED
11/1000	Work	M M	ASSISTANT MEDICAL  I.D. MEDICAL INVESTIGAT		1/9/51
24A. BURIAL. CREMA- 24	. DAVE	24C. NAME OF CEMETE		OCATION (City town,	or county) (State)
TION, REMOVAL (Specty)	-111 100	LAND	11-4	19 12 1	ml.
found //	11/1/2/15/	In Coura	Jumely 1	100/1	1000
LOCAL REGISTRAP	SISTRAR'S SIGNAT	RE WAS A STATE OF	5. FUNERAL DIRECTOR	10. 1575	ADDRESS
NOT TATES	white for 14h		en VVIII	man of the	11- carry 11
110111111	3		- Land		17
V S 151		4700	CC .	a	30



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

Registered No. 9816

BI	RTH NO.			OLIVIII IOATI	_ OI DEATH		
	NAME OF D					2. DATE OF	
			VIN	ZIMMERM		DEATH NOV. 12	
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution : residence before admission)
В.	FULL NAME		al or instituti	ion, give street address or	Maryland		
	STITUTION			location)	C. CITY OR TOWN (If	outside corporate limits, w	
		Johns Hopk	ins Hos	pital	Baltimore	10	( township)
II.				Yrs.	D. STREET ADDRESS (If	cural, give location)	
c.	gth of s	tay in Baltimore		Mos. Days	1214 Wilcox	Street.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Und	er 1 Year   If Under 24 Hours
	Male	White	~ .	red, DIVORCED (Specify)	May 1.1888	last birthday) Month	B Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		. CITIZEN OF
		of working life, even if retired)		INDUSTRY	Cannia Tawn W	W.	WHAT COUNTRY
	Machine:		IDaito	. Tranist Co	. Cannue Town W		U.S.A.
		Alband	D 7:		Daniel Danie		
15	WAS DECEASE	Albert ED EVER IN U. S. ARME		ne rman	Fannie Barne		
	s, no or unknown)		es of service)	SECURITY NO.	17. INFORMANT		RESS
	No				Charles E.Spra	ught 423 S.1	Pluski St.
	18. 49	3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					Total All Burns
	(This does	LEADING TO DEA not mean the mode		Pneumo	nia		
		re, asthenia, etc. It me complication which					
		ANTECEDENT CAU	525	Arteri	osclerotic cardio	magniler dices	60
Z		S OR CONDITIONS,		1G	n Darif ( Parif ) Darif ( admin Darif ( admin ) Darif ( ) admin Darif ( ) a s a barif ( ) and ( ) darif ( ) admin darif ( ) barif •	a di Arabadhara Badi Andranda Sariyada, a a a Araba adar dayi. Dari Alai	6 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
F		THE ABOVE CAUSE (A)		HE DUE TO			
ERTIFICATION				(C)			•
正							
RT	TRIBUTING	SIGNIFICANT COND	NOT RELATE	ED			
CE		ISEASE OR CONDITION	44				Loo Alizonova
,	19A. DATE C	PH OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	A. EVTERN	LA CALICE WAS	1 218 91 4	ACE OF INJURY (e.g., in	or 21c. WHERE DID (I	f in Baltimore City, give	exact location)
EDICAL	UNDERLYIN	NAL CAUSE WAS G [] OR CONTRIB.	about home, f	arm, factory, street, office bldg., e		in Datamore Ordy, give	caaco tocation,
		CAUSE OF DEATH.	1				
Σ	21D, TIME (	(Month) (Day) (Year		21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
K			m.	WORK NOT WHILE			
	2. 1 certi	fy that I took char	rge of the	remains described a	bove, held an inspect	ion & inquiry	thereon and from
	the eni	idence obtained by	anid Auto	mon Inomantion on I	nquiry, find that said de	inspection or Inquiry	day stated above
	and Ae	ath in my opinion	resulted f	rom: natural causes	it appident of minide	□ bominide □ und	etermined $\square$ .
	23A. SIGNA		1/1	0	23B. CHIEF MEDICAL E	XAMINER []   23c.	DATE SIGNED
	XRO	ruley 8.	- Dhe	cladury	D. MEDICAL INVESTIGAT	XAMINER NOV	. 13, 1951
24	A. BURIAL, ON, REMOVAL (S	REMA- 248 DATE	1 2	24c. NAME OF CEMETE		OCATION (City, town, or	county) (State)
110	Removal (S Burial		5-1951	Medowridge	Cemetery Bal	timore Co. I	VIA.
DA	ATE RECEIVE	D BY   DECISEDAD			25. FUNERAL DIRECTOR	Al	DDRESS
LC	NOV 14	BACT REGISTRAR	inglan 11	Stordings Julian.	Elmer W. Conkl	in 924 E.Es	ager St
		337					
V	S 151			540	51	- 9	20
				270		/-	/ 6

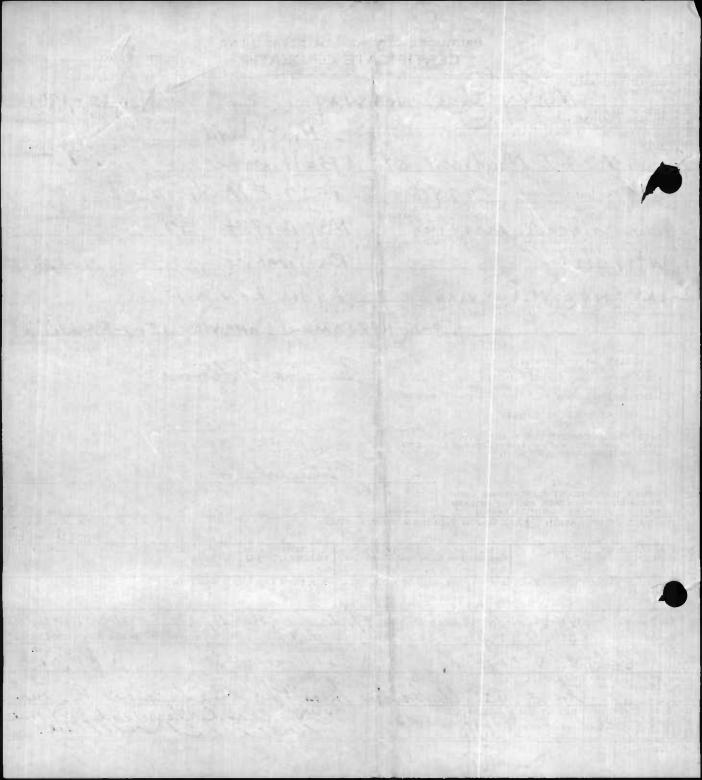


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9817

Registered No\_

NAME OF DECEASED Type or Print)  Mary C. Conav	2. DATE OF DEATH VAV-1	2-1951
s. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
. FULL NAME OF (If not in hospital or institution, give street address or location)		rite VIRAL and aim
NSTITUTION 1527-E Madison St	Balt. Market	township)
Yrs.	D. STREET ADDRESS (If rural, give location)	
. Delign of stay in Baltimore 37 Yrs. Mos. Days	1527-E. Madison st	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		or I Year If Under 24 Hours S Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF
rk dooe during most of working life, eyen if retired) INDUSTRY	12.1+ i	WHAT COUNTRY?
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	YES-HISTE
Clarence W. Purvience	Ludia Lana V	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDI	RESS
18-10-9198	SAMUEL CONAWAY . 1524-E	Madison
18. / J / X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 . 0.15	3
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	dumme of summer	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	Cortucallaco	
II	- OT WER CHEEK	
OTHER SIGNIFICANT CONDITIONS CON-		F SOUTH OF THE
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	The state of the s	20. AUTOPSY?
		YES NO
2 1A. ACCIDENT, SUICIDE. 1 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.		exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from		hat I last saw the
deceased alive on 11/12, 19, 27, and that death occu	rred at 2. 45 Pm., from the causes and on the	
23A. SIGNATURE & Nafore M.O.	822 r. B m 5+	10/13/57
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
Surial Kw. 15, 1951 Urbutus	Mem. FR. Dallyment	Co. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIFFETOR Funcia	Castone
101 4 1331 1 2	103/ Druid Stell	/ Cuc
VS 150	DPR 1	1612

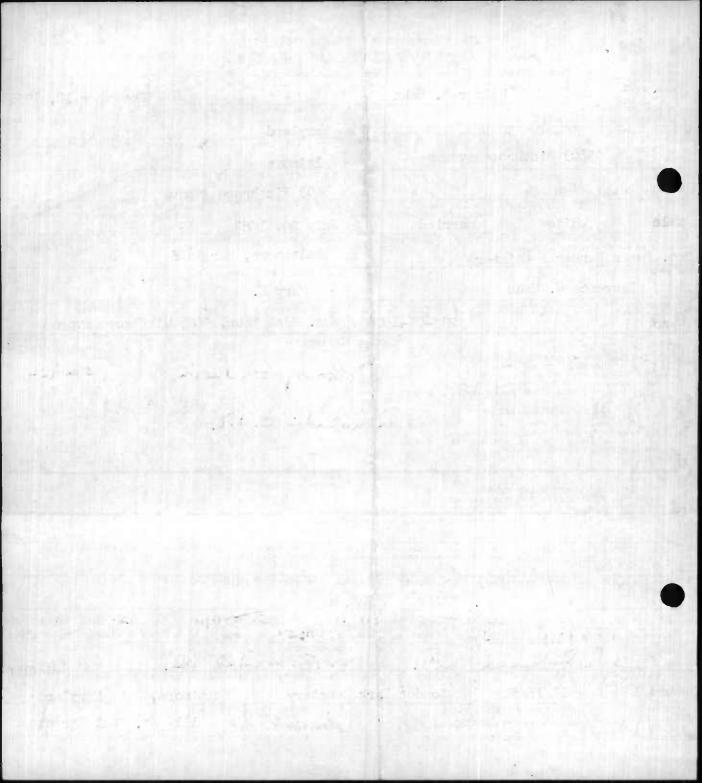


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51	98i8

## BALTIMORE CITY HEALTH DEPARTMENT

51 9818

10	1 383	18		CERTIFICAT	E OF DEAT	H Registered N	0
1.	NAME OF D	ECEASED				2. DATE	
			Walter	r F. Hahn		DEATH Nove	mber 12, 1951
A.		City, Maryland			A. STATE	ENCE (Where deceased lived, If i	nstitution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	ition, give street address or location)		1	116
11	NSTITUTION	5603 Winth	rope Av		Baltimore	(If outside corporate limits	wrn RURAL and give township)
				Yrs.	D. STREET ADDR	ESS (If rural, give location)	
c.	mength of s	tay in Baltimore		Mos. Days	5603 Winth	nrope Avenue	
	. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTI	H 9. AGE (in years)	Undet 1 Year   If Under 24 Hours
-	nale	white	ma	WED, DIVORCED (Specify)  Arried	July 20, 18	382 69	ths Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIN	D OF BUSINESS OR	11. BIRTHPLACE		12. CITIZEN OF
Re	t. Paper	Hanger & Pa	nter	INDUSTRY	Baltimore	e, Maryland	WHAT COUNTRY
13	FATHER'S	IAME		Cont	14. MOTHER'S MA	AIDEN NAME	
		rence H. Hahr			Mary E.		
15 (Ye	MAS DECEASE M, no or unknown)	D EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
`	no '		,	215-01-1508°	Mrs. Edna H	Hahn, 5603 Winthrop	e Avenue
NOIL	OISEAS (This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA' not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A)	I'H  If dying, e.  Ins the disea  I aused deat  EES  F ANY, GIVI  STATING T	g., (A)	OF DEATH	-colubin	INTERVAL BETWEEN ONSET AND DEATH
CA	GNDERL	ING CONDITION LA	.51.	(C)	•••••		
CERTIFICATION	TRIBUTING TO THE D	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	IT			
AL	19A. DATE C	F OPERATION 1	9B. MAJOF	R FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,			
2	2 ID. TIME (	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID	SAUDOO YAULNI (	
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100		, that I last saw the
			_, 1951			, from the causes and on th	e date stated above.
	23A. SIGNAT	TURE	10	M.D.	3B. ADDRESS	La Bo	23c. DATE SIGNED
2	4A. BURIAL.	REMA- 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)
TI	AA. BURIAL (S ON REMOVAL (S OUT 181	11/15/5	1	Loudon Park	Cemetery	Baltimore,	Maryland
D.	ATE RECEIVE		SSIGNAT	URE	Ym. Cook.	()	ADDRESS



626 51 9819 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

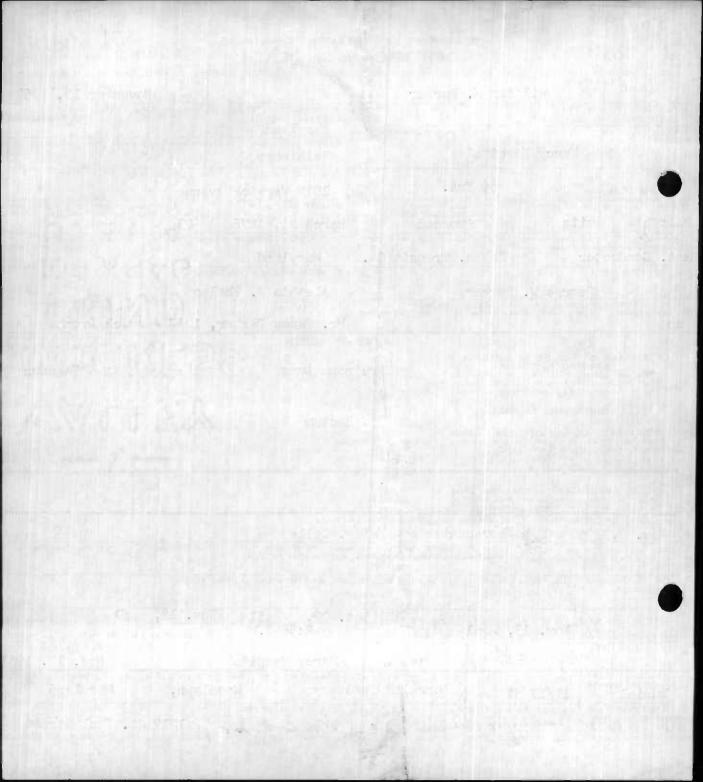
51 9819 Registered No.

1. NAME OF DECEASED (Type or Print) William E. Barker DEATH November 13, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) gth of stay in Baltimore 1012 Warwick Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Male white Divorced March 24, 1878 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Balto. Transit Co. WHAT COUNTRY? Ret. Conductor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alethia J. Phelps George W. Barker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. James Barker. 1012 Warwick Avenue no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma Lung Unknown (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Ca. Rectum CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL Thoracentesis - Malig. Cells 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE e deceased from Oct. 22, 1951, to Nov. 13, 1951, that I last saw the and that leath occurred at 2:56 Pm., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from deceased alive on Nov. 132, 1951, and that death 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Mercy Hospital Nov. 13, 1951 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Lorraine Cemetery Woodlawn. Maryland burial 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Souther Pollians fine Wm. Cook, haci 1217 St. Paul Street

VS 150

631 51

470



1. NAME OF DECEASED (Type or Print)

BIRTH NO

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE		
RAYMOND P	OWELL DEMPSTER		DEATH NOV.	13, 1951
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
B. FULL NAME OF OF Public Health Service location location				3.6
	ospital	c. CITY OR TOWN (If Philad	outside corporate limits, elphia	write RURAL and give township
c. Length of stay in Baltimore	29 days Yrs. Mos. Days	D. STREET ADDRESS (If 1 710 E.	rural, give location)  Kingston Str	eet
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/17/98	9. AGE (In years) If Un	der I Year H Under 24 Hours hs: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   1	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	USA
Ormrod Dempster	21.05	Annie Pow	ell	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates of		17. INFORMANT	ADI	DRESS
?	SECURITY NO.	Records- US PHS		
18. / ( ~ × .	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D	IRECTLY			ONSET AND DEATH
(This does not mean the mode of	dying, e.g., (A) URICIN	oma of lung, meta	static to	Unknown
heart failure, asthenia, etc. It means injury or complication which can	s the disease, used death.) DUE TO	iver and vertebra	•	
ANTECEDENT CAUSE	as a second			
DISEASES OR CONDITIONS, IF	(8)	***************************************	**************************************	
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	TATING THE DUE TO			
SI SINDENETING CONDITION EAS	(C)	***************************************	***************************************	
OTHER SIGNIFICANT CONDITI	IONS CON-			
TO THE DISEASE OR CONDITION C	CAUSING IT.			
19a. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., in	or   21c. WHERE DID (If	in Baltimore City, give	YES NO NO
LYING OR CONTRIBUTING CAUSE OF DEATH	about bome, farm, factory, street, office bldg., et		in Datemore Oily, giv	e exact location)
D. TIME (Month) (Day) (Year) (I		D 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
deceased alive on Nov., 13	nded the deceased from 00 19 51, and that death occur	t. 15 , 1951, to No	ov. 13 , 19 51	that I last saw the
23A. SIGNATURE	23	BB. ADDRESS		23c. DATE SIGNED
R.Raymond Green, SX	Surgeon M. D.	IS PHS HOSPITAL, I	BALTO, Md.	11/14/51
24A. BURIAL, CAEMA 24B. DATE TON, REMOVAL (Specify) May 14/	5/ Cakland	Y OR CREMATORY 24D.	CATION (City, town, or	P
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25 FUNERAL DIRECTOR	11/17	DORRES
NOV 1 41953 1 milling	and the second	mup HILL	19 Hom 6	lians St
VS 150	3359	0	V	470
			224	1//

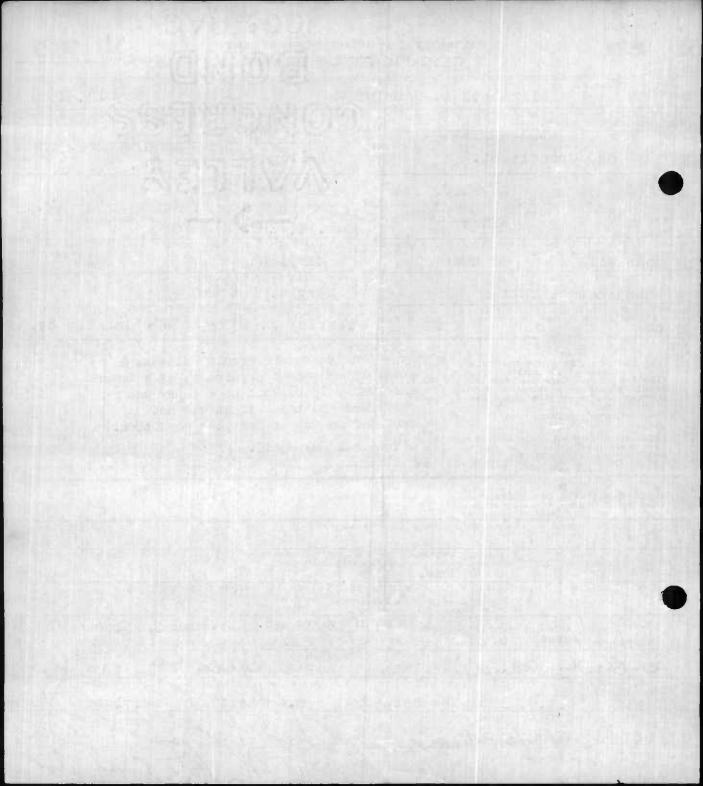
the test of the second of the The state of the s Bearing the service of the control of The state of the s The State of the state of the through a total to be come fire TABLE OF COME LINE THE PARTY OF REPORT AND THE PARTY OF response to the second of the and drawn high supply 2 1 61 .001 of grant grant made Carried with the V. Singaria Lancare II. 6

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth A. O'Brien OF Nov 13. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN Baltimore (If outside corporate limits, write RUKAL and give INSTITUTION 620 Grantly St. 620 Grantly St. Yrs. Lifetime Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years) If Under | Year last birthday) Months Days Hours Min. WWIDSWED, DIVORCED (Specify) Oct. 4. 1873 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY USA COUNTRY Maryland at home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary a. Potter Benjiman F. Potter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mecheal J. O'Brien 620 Grantly St. no INTERVAL BETWEEN 18. CAUSE OF DEATH H43 X art 199. DNSET AND DEATH Hypertensive cardiovascular disease & LEADING TO DEATH (A) possibly abdominal carcinoma, as a tumor (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, mass was palpable but no autopsy was injury or complication which caused death.) performed and the patient was not ANTECEDENT CAUSES operated on due to her poor condition. DISEASES OR CONDITIONS, IF ANY, GIVING виеть Terminal pneumonia. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY None. (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH None. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! 22. I hereby certify that I attended the deceased Apont six years , 480. to November 5, 19 5] that I last saw the deceased alive on November, to. 5] and that death occurred at 2 A. m., from the causes and on the date stated above. 234 SIGN TURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24d. NAME OF CEMETERY DR CREMATORY Nov 16, 1951 New Cathedral cem Belyimgre Maryland 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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the Total Line of the State of

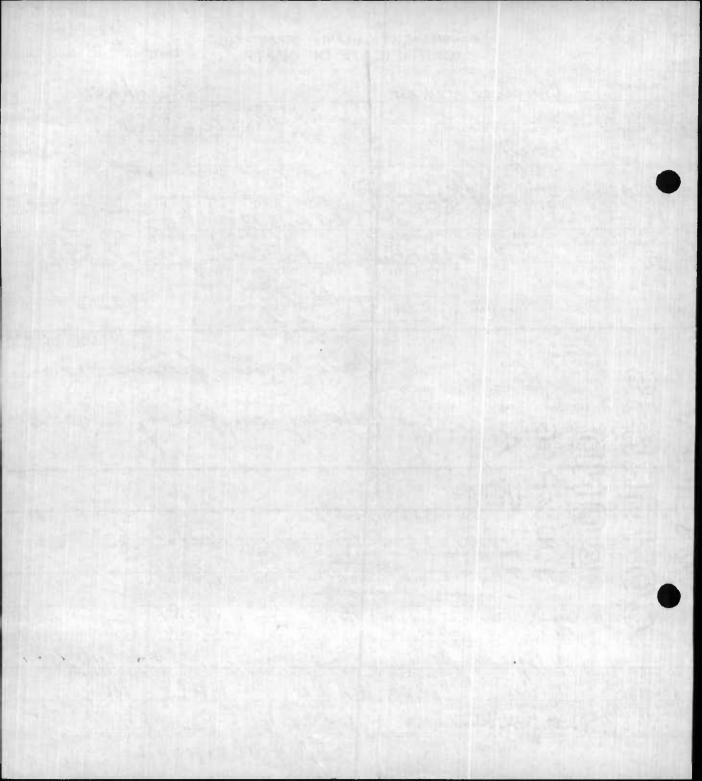


1	5	25
BIRTH NO.	BIRTH	NO.

51	9822

5	1 982	2				EALTH DEPARTMENT	Registere	ol 9	826
Ві	RTH NO.			CERTIFI	CAIL	E OF DEATH	A Constitution	4 110.	
	NAME OF D ype or Print)		nce h	tanson			2. DATE OF DEATH	13/51	
A.		EATH: City, Maryland	<u>applint</u>			4. USUAL RESIDENCE (			residence re admission)
H	FULL NAME DSPITAL OR STITUTION	OF (If not in hospit	al or institution		ddress or location)	c. CITY OR TOWN ()	f outside corporate li	mits, write RUI	RAL and give township)
c.	egth of st	tay in Baltimore	life		Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	53	00
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED ED, DIVORCED	(Specify)	8. DATE OF BIRTH <b>O.T. 10, 1898</b>	9. AGE (In years last birthday)	Il Undet 1 Year Months: Days	H Under 24 Hours Hours Min.
h	A. USUAL OC done during most of ACMAN FATHER'S N	CUPATION (Give kind of for or king life, even if retired)	Police	OF BUSINES	S OR DUSTRY	11. BIRTHBLACE (State or	e	12. CITIZE WHAT	OUNTRY
-	horus,	anson			37.0	Marks Maiden M	NAME .		
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS	
FICATION	(This does heart failurinjury or DISEASES	LE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, 11 HE ABOVE CAUSE (A) ING CONDITION LA	FH dying, e.g. ns the disease aused death.  ES  FANY, GIVING STATING THE	(B)	Con	ute Cozetii Consy Loisy	failm ficiery		AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED						
L	19A. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS O	F OPER	ATION		20. A	UTOPSY?
EDICA		ENT WAS UNDER-		CE OF INJUR			(If in Baltimore City	yes _ , give exact lo	NO Destion)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  INJURY  m. WORK AT WORK								
	22. I hereby	y certify that I att ive on 1913/51				5/5/ 19 , to red at 2 m., from	11/13/51 , 19		
	23A STONAT	The K /su	eal	J.	M. D. 2	3B. ADDRESS			SIGNED
24 TIC	BURIAY, CON REMOVAL (S	REMA- 24B. DATE. pecify) 1/1/5		LEDAR	HI	ILEM	T. H. Co.	MD	(State)
D/ LC	NOV 1 41	BY REGISTRAR	SSIGNATUI	RE		25. FUNERAL DIRECTOR	EVANS & S.	ADDRESS	

54493 118 W. MI. Royal AVE. 94a

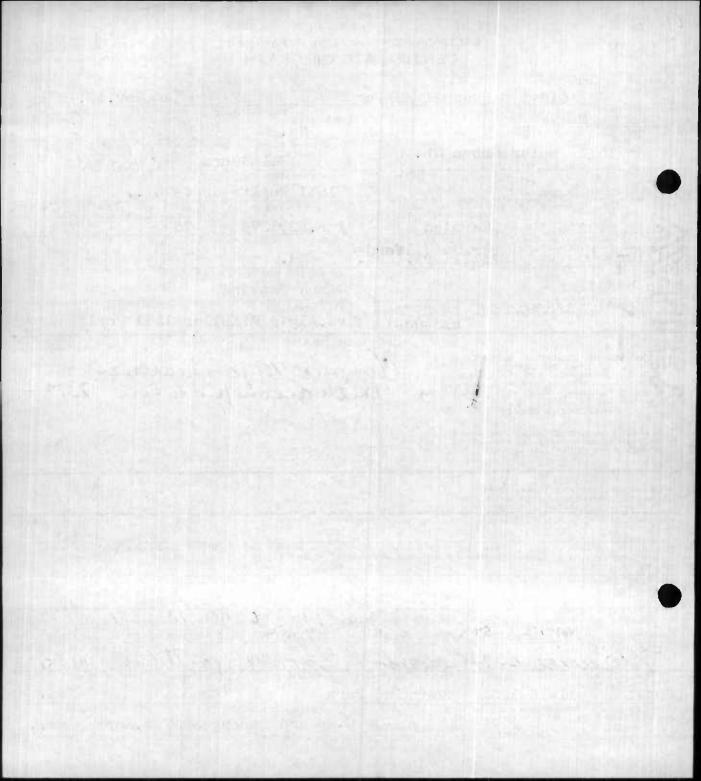


### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 9823

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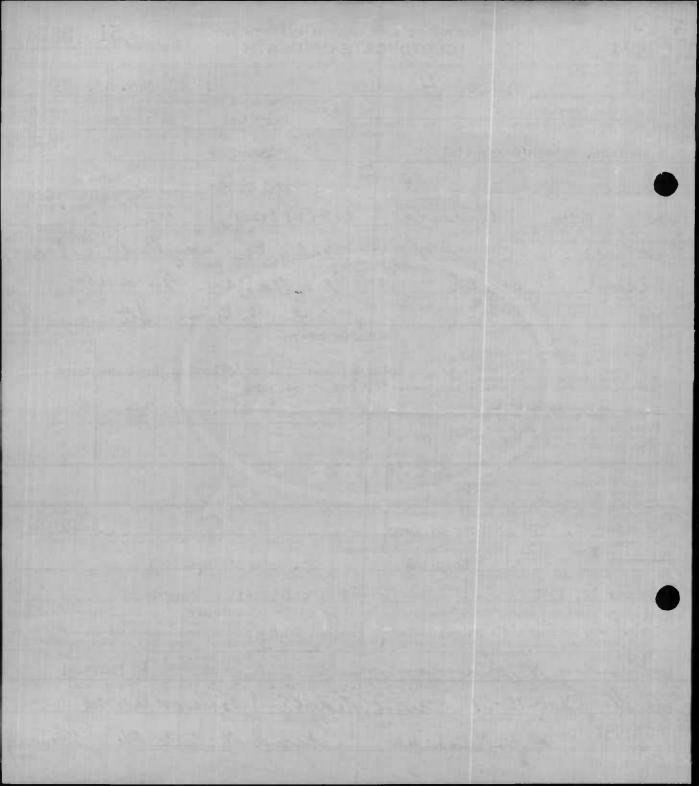
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Clayton Russell Keller	DEATH Nov.13,1951
B. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
s. FULL NAME OF (If not in hospital or institution, give street address or location)	Md.
NSTITUTION 1511 Poplar Grove St.	C. CITY OR TOWN (If outside corporate limits, write RURA), and give
2011 10011 11010	Baltimore 6- 1 Country
50 - Yrs.	D. STREET ADDRESS (If rural, give location)
Mos. Days	1511 Poplar Grove St.,
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years   11 Under   Year   11 Under   Year   11 Under   Year   12 Under   Year   13 Under   Year   14 Under   Year   14 Under   Year   14 Under   Year   15 Under   Year   15 Under   Year   16 Under   Year   17 Under   Year   17 Under   Year   18 Under   1
Male White Married	Apr. 22, 1876 75
	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
OA. USUAL OCCUPATION (Give kind of park of the doceduring most of working life, even if retired)  Miller  10B. KIND OF BUSINESS OR Park of Tiller RY Distillers, Inc.	Md. WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Keller	Anna Watkins
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (fee, oo or unknown)   (If yee, give war or dates of service)   SECURITY NO	17. INFORMANT ADDRESS
215-03-1564	rs. Algie M. Keller 1511 Poplar Grove
injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	the decomposition 270
TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	
21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., et	o or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK	11/ 12/ 1/20 13 15/
22. I hereby certify that I attended the deceased from	14, 1956, to 10. 13. , 1951, that I last saw the
	red at 7:15 km., from the causes and on the date stated above
Maurice E. Hueners.	38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial   11-16-1951   Lorraine Pa	woodlawn Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OCAL RECICTRAD	.Howard Strong 3207 W.North Ave.,



530
BIRTH NO.
1. NAME OF DECEA (Type or Print)

## CERTIFICATE OF DEATH Registered No. 9824

BIRTH NO.			>EK I II	ICAIL	OF DEATH		
1. NAME OF D	ECEASED		11			2. DATE	
(Type or Print)	W	ILLIAM	H.	SMITH		DEATH NOV.	13, 1951
3. PLACE OF D					4. USUAL RESIDENCE A. STATE	(Where deceased lived, If i	nstitution : residence before admission)
B. FULL NAME	Of (If not in hospit	al or institutio	n, give stree	t address or	Maryland	l Baltimor	
HOSPITAL OR			., 2.,	location)		(If outside corporate limits	, write RURAL and give
INSTITUTION	St. Joseph's	Hosnite	1		Pikesvil	10	township
	ou occopii z	1100000		Tris	D. STREET ADDRESS		
c orth of s	tay in Baltimore		10	Days	Hood Aver	2220	300
5. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED.	Days	8. DATE OF BIRTH		Under 3 Year   If Under 24 Hours
Mala	177-14-	WIDOWE	D, DIVORC	ED (Specify)	12-12-111888	last birthday) Mor	ths Days Hours Min.
Male	White CUPATION (Give kind of		0 0	ESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF
	of working life, even if retired)		" Last	NDUSTRY	B. 04 P.		WHAT COUNTRY
gaine	nel	mach	way c	yets.	Ballo. Co.	maryeng	4.5-4.
13. FATHER'S	AME	1.11	, ,		14. MOTHER'S MAIDEN		/
alsr	ed D. /c	much	,		martha Ja	ne Gard	ner
Yes, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date		16. SOCIA SECUR	L RITY NO.	17. INFORMANT	P AC	DRESS
no					Viola y.	jass. Steve	men . hed
18. / /	' > V			CAUSE C	OF DEATH		INTERVAL BETWEEN
/ 6	SE OR CONDITION	DIRECTIV					ONSET AND DEATH
	LEADING TO DEA	TH	-		l l 0 -	77	
heart failt	s not mean the mode are, asthenia, etc. It me	ans the disease,			Lhemorrhage fo	TTOMTUB buenmon	ectony
injury or	complication which	caused death.)	D <del>UE-TO</del>	· lor ca	ancer of lung		
	ANTECEDENT CAU	SES					
DISEASE	S OR CONDITIONS,	F ANY GIVING	(B)				******
RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO				
T ORDERL	TING CONDITION E.	151.	(C)		*************************************	***************************************	
	11						
	SIGNIFICANT COND						
	TO THE DEATH, BUT						
19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS	OF OPERA	NOIT		20. AUTOPSY?
Novemb	er 12, 1951	Cancer	of lur	ng			YES X NO
	VAL CAUSE WAS		E OF INJL	RY (e. g., in et, office bldg., et	or 21c. WHERE DID	(If in Baltimore City, gi	ive exact location)
UNDERLYIN	G X OR CONTRIB-		spital	be, onice brug., co		c Woonitel	
210. TIME	(Month) (Day) (Year			OCCURRE	St. Joseph'		
OF INJURY	r 12. 1951		ILE AT	NOT WHILE	Postonometi	ve hemorrhage	
			WORK L.J				
22. Leerti	fy that I took eha	rge of the r	emains de	eseribed at		topsy y, Inspection or Inquiry	thereon and from
					iquiry, find that said	deceased died on the	
		resulted from	om: natur	ral causes	, aceident X, suieic		
23A. SKSNA	I Sen	1)14	elan.	la -	23B, CHIEF MEDICA ASSISTANT MEDICA	L EXAMINER	DATE SIGNED
TAN BURIAL	REMA- 248 DATE	1000	16 NAME -	E CEMETER	D. MEDICAL INVESTIG	ATOR	-13-51 (State)
TION, REMOVAL			L. MAME O	CEMETER	THE CHEMATORY 240	. COCATION (OILY, town,	(State)
Jurial	100-1		Mu	41/1	week )	pesous,	rua
DATE RECEIVE	REGISTRAR	S SIGNATUR	E		25. PUNERAL DIRECTO	R	ADDRESS
1004 18419	31 Jan -44 4	- Will:	414 413		(Trunk A	+ · Newell	Vichewill.
V S 151	Total Control		and the party of		' D		7800
Call in	all	September 1	3	548	5	. 47	0 77
			The same of	-	Contract of the contract of th		



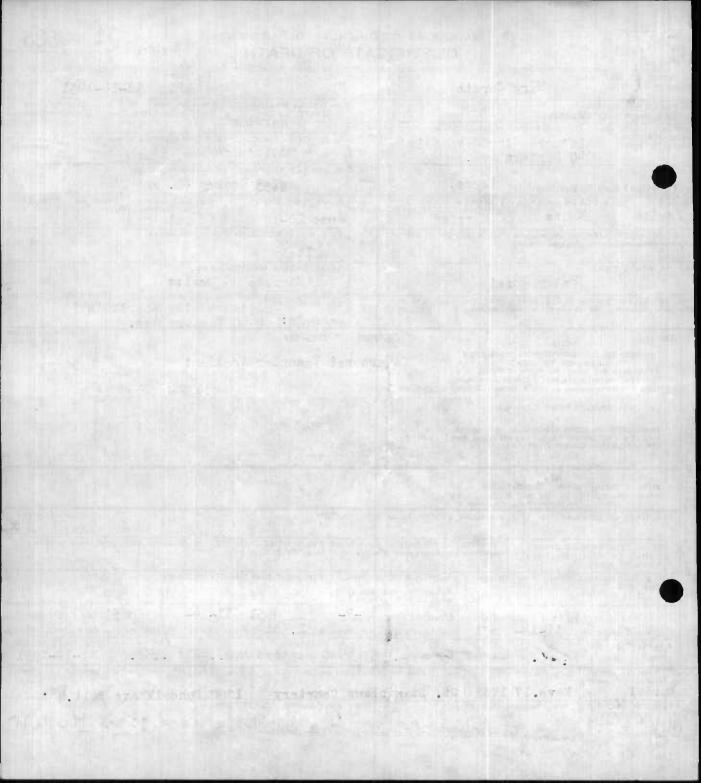
VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9825

83a

BI	RTH NO.			CERTIFICATI	- OF DEATH	registereu	
	NAME OF DI	ECEASED Mary	Curcio			2. DATE OF DEATH	14-1951
A.	PLACE OF DI Baltimore C	ity, Maryland	al or institut	ion, give strect address or	4. USUAL RESIDENCE A. STATE Marylan	(Where deceased lived, I B. COUNTY	f institution : residence before admission)
HC	SPITAL OR STITUTION	Baltimore C 4940 Easter	ity Hos	loantion)	c. CITY OR TOWN (If outside corporate limits, write RUR) L and grownships Baltimore		
		tay in Baltimore	22yrs	Days	D. STREET ADDRESS	shey St. zne 2	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			E, MARRIED, VED, DIVORCED (Specify) Lied	June 29-1890	9. AGE (In years last birthday) M	H Under I Year on this Days Hours Min.	
		CUPATION (Give kind of f working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Patsy Guzzi			14. MOTHER'S MAIDEN	Scal ze			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service)   16. SOCIAL SECURITY NO.					17. INFORMANTI tim Records: 4940	ore City Hospi	Appress
CERTIFICATION	DISEASE (This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of the complication which is considered to the complication of the complication which is considered to the complication of the complication which is considered to the complication of the complication which is considered to the complication of the compl	F f dying, e., ns the disease aused death	(B)	of DEATH	cident	onset and death 5days
	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1	NOT RELAT	ED	RATION		20, AUTOPSY?
MEDICAL	21A. ACCID LYING OI CAUSE OF	PENT WAS UNDER-	218. PL. about home, (Hour)	ACE OF INJURY (e.g., if farm, factory, street, office bldg., 21e. INJURY OCCURR WHILE AT NOT WHILE	n or 2 IC, WHERE DID INJURY OCCUR?	(If in Baltimore City,	YES NO
	22. I hereb deceased at 23A. SIGNA	live on 11-14-	ended the	e deceased from 11-		m the causes and on	51 that I last saw the the date stated above.  23c. DATE SIGNED  11-14-1951
Z/ TII	A. BURIAL. (S DN. REMOVAL (S Burial	CREMA- Specify) Neve.17			RY OR CREMATORY 24	D. LOCATION (City, tow	n, or county) (State)
	ATE RECEIVE		S SIGNAT				2-5. High St



## BALTIMORE CITY HEALTH DEPARTMENT

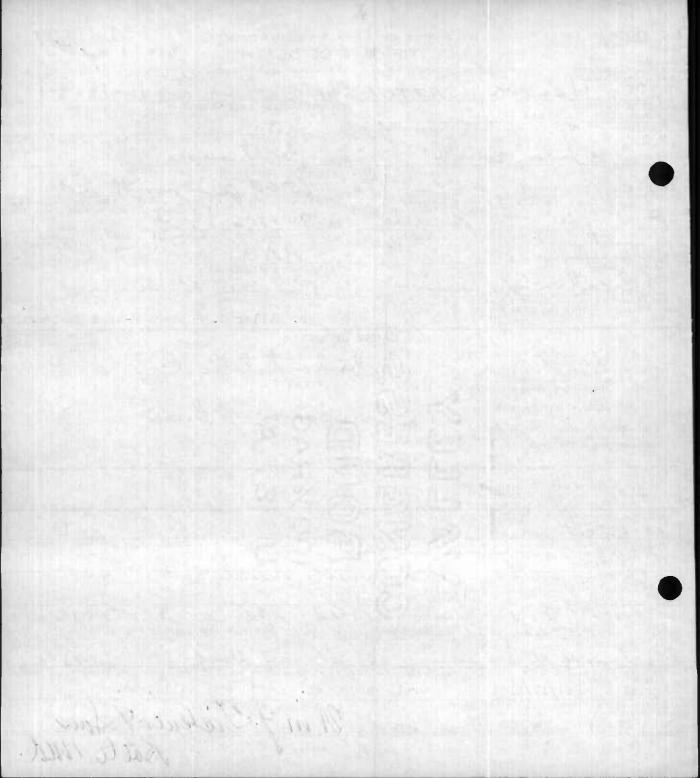
Registered No. CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE LEONIDA GALLIENNE Type or Print) Nov. 13, 1951 DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or Md. OSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RUBAL and give NSTITUTION 2704 N. Calvert St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. . Length of stay in Baltimore 2704 N. Calvert St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | ff Under | Year | last hirthday) | Months Days 8. DATE OF BIRTH Hours: Min. about female white widowed OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? - none home New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sammis De Veraux 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. Mr. Maurice H. Miller-2704 N. Calvert no INTERVAL BETWEEN 18. CAUSE OF DEATH 422. ONSET AND OFATH DISEASE OR CONDITION DIRECTLY myocarditis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Generalized toteris-sclerosis TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WHILE AT WORK , 196, to 200. 13, , 1957, that I last saw the 22. I hereby certify that I attended the deceased from fey 2, 196, to 20. 13, 1957, that I last saw the deceased alive on 20. 13, 1951. and that death occurred at 10 f. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2701 n. Calvert St-24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 24A. BURIAL, CREMA-Huntington Rural Cem. Removal Huntington. DATE RECEIVED BY

oll militiaries & low batte 17 Med

# BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE ELENEN. PATTERSON (Type or Print) DEATH /1 -/3 - 5-1 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN A INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED Specify last birthday) | Months: Days | Hours: Min. 14 arries 6-9-1906 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL Yes, no or unknown) SECURITY NO. Mr. Millar E. Patterson-4508 Wentworth INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION / 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 10-25-5 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 10-18 . 195 1 to 11-13 , 195 Ahat I last saw the deceased alive on 11-13, 1957, and that death occurred at 7:15 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATERY 24D. LOCATION (City, town, or county) Burial 17/51 Druid Ridge "Com. Pikesville, Md. DATE RECEIVED BY ADORESS REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

AND THE PARTY OF T



1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH: A. Baltimore City, Maryland

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Md.

EMILIA E. LURSSEN

Registered No

Nov. 12, 1951

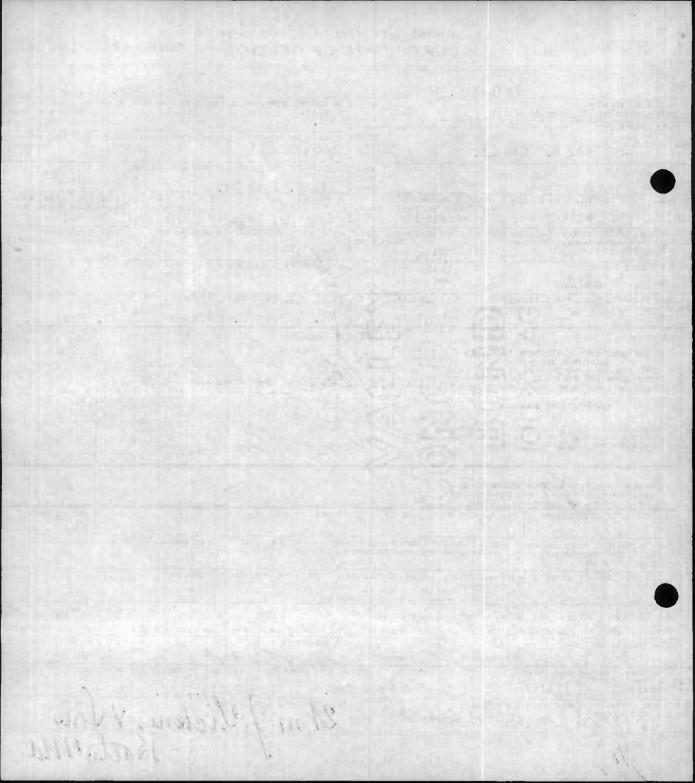
before admission)

2. DATE OF

DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

B. COUNTY

B.	FULL NAME	OF (I	f not in hospita	al or institut	ion, give street address or	Ma.					
HOSPITAL OR location					location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
117	112 E. 20th St.					Baltimore			wnship)		
	Yrs.					o. STREET ADDRESS (If rural, give location)					
c.	th of s	tav in I	Baltimore		Mos. Days	112 E. 20	Oth St.		2.	004	
5.	SEX		OR OR RACE		E. MARRIED,	8. DATE OF BIF		9. AGE (in years	If Under	1 Year   If Unde	r 24 Hours
m	ale	wh:	ite		PED DIVORCED (Specify)	June 20,		last birthday)	Months	Days Hour	s Min.
10	A. USUAL OC	CUPATION	ON (Givekinder	10B. KIND	OF BUSINESS OR	11. BIRTHPLAC	E (State or fo	oreign country)		CITIZEN O	
0.7	Hpusew:	ife	ne'a sen m servon)	at l	nome	New Jerse	ey			WHAT COC	,,,,,,,
13	FATHER'S	NAME			,	14. MOTHER'S	MAIDEN N	AME	100	5 111	
	-	Sol	dan			-					
15 Ye	. WAS DECEASE	ED EVER	IN U. S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Т		ADDR	ESS	
	_	(0.700	, 5110 1101 01 0101		none	Mr. Georg	ge E. L	urssen-2121	St.	Paul S	t.
	18. 1/2		4.7.7.625		CAUSE	OF DEATH				INTERVAL BI	
	DISEAS	SE OR	CONDITION	DIRECTLY	~	1. 11	1	. 1		ONSET AND	DEATH
		LEADIN	NG TO DEAT	TH	Ca	collo 10	scular	cherg		5 yv.	٧.
	heart failu	re, asther	nia, etc. It mea	ns the diseas	se, Anola	14. 2	er acod	2 il EM		9	
	injury or	complica	ation which c	aused death	.) OUE TO	una, , , ,	7	11/11	7,		
		ANTECE	EDENT CAUS	ES					Y		
DISEASES OR CONDITIONS, IF ANY, GIVING								•••••••	** * * * * * * * * * * * * * * * * * * *		
=	RISE TO T	HE ABOV	E CAUSE (A)	STATING TH		0-1	1			5-3-	
7	ONBERE				(c)	con //	say.				
1			П								
2			ANT CONDI								
Ų	TRIBUTING	S TO THE	DEATH, BUT	NOT RELATI	ED						
,	19A. DATE C	F OPER	ATION 1	98. MAJOR	FINDINGS OF OPE	RATION	(54,12)			20. AUTO	PSY7
4				7		a ranno Hillia				YES	NO L
EDIC	21A. ACCID LYING OF	R CONTI	AS UNDER- RIBUTING	218. PL	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	etc.) 21C. WHERI		If in Baltimore Cit	y, give	exact location	on)
Σ	210. TIME		(Day) (Year)	(Hour)	21E. INJURY OCCURE	ED 21F. HOW E	SID INJUR	Y OCCUR?	11		
	INJURY			m.	WHILE AT NOT WHILE						
					deceased from Nev	10 10	-7	Non- 12 11	0 -52 41	-4 T I4 -	41
	22. I hereb	y certif	y that I att	ended the	deceased from	1 1/1 1617	, to	the annual and a	12, cm	late etated	aw in
	23A. SIGNA		11812	, 19.3/	and that death occu	23B. ADDRESS	m., from	the causes and o	n the u	3c. DATE S	IGNED
	23A. SIGNA	S	10/5	1	ж.о.	13 03 80	Lan	18/	1	Vm 131	151
2	4A. BURIAL.	CREMA-	248. DATE	71-00	24c. NAME OF CEMETI	RY OR CREMATO		OCATION (City, to	wn, or e	ounty)	(State)
TI	Burial (S	Specify	11/15/5	1	Loudon Park	Cem.	Bal	to Md.		^	
D	ATE RECEIVE	DBY	REGISTRAR	SSIGNATI	JRE (	25 FUNERAL			, AC	DRESS	
L	CAL REGIST	1995	. the it	不从此	antis , Alase	Wrm.	4.1/	chenes	YX	ino	
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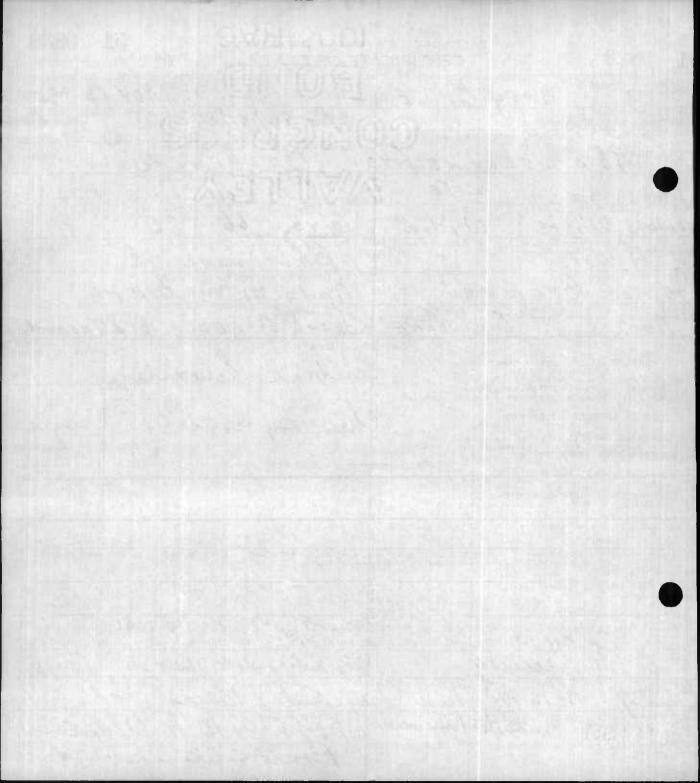


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1 9829 IRTH NO.
. NAME OF DECEA Type or Print)

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9829 Registered No.

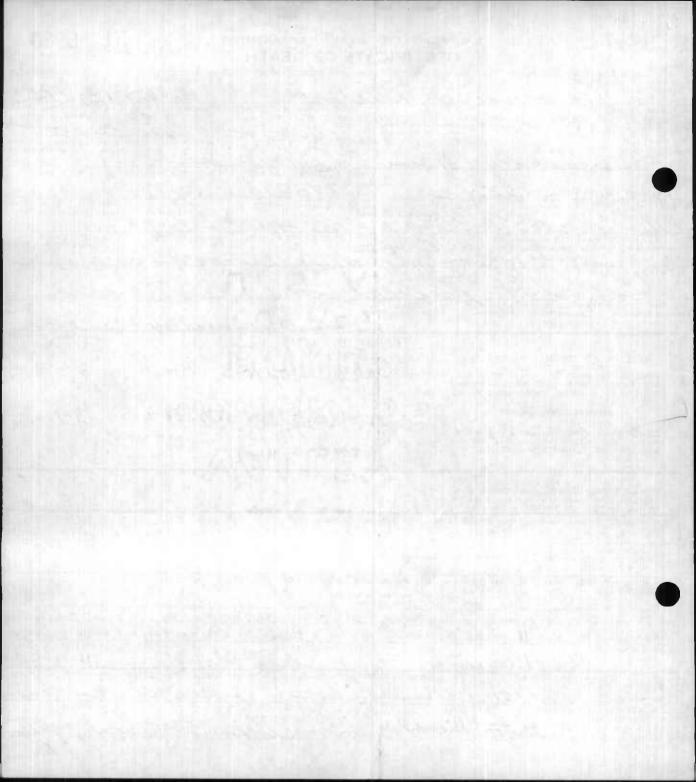
Type or Print) MARY 6. KELL	2. DATE OF NOV 13, 1951
Baltimore City, Maryland	A. STATE  Where deceased lived. If institution: residence  B. COUNTY  before addession)
FULL NAME OF (If not in hemital or institution, give street address or ocation) NSTITUTION 98 . O LLINS HE	
Length of stay in Baltimore LIFE Mos. Days	
Emale White 7. SINGLE, MARRIED. WIDOWED, DIVORCED Opecify	8. DATE OF BIRTH 65 9. AGE (In years In Under 1 Year In Under 24 Hours Inc.) 10-26-1866 9. AGE (In years In Under 1 Year In Under 24 Hours Inc.)
DA. USUAL OCCUPATION (Givekind of lob, KIND OF BUSINESS OR INDUSTRY	11. BISTHPLACE (State or foreign country)  BA Ltimore Ma 12. CITIZEN OF WHAT COUNTRY?
JAMES BRENNAN	ANNA M. Mc Seath
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	DRANK A. KELLY 101 & TREMONTRO
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	rebral hemarhage  L. My ocarlili: 4444
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSYT
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF NJURY WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from Ale	20. 2 1947 to Nov-13, 1951, that I last saw the
deceased alive on Nov. 13, 1951, and that death occu	rred at 4 Am., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 11/13/5/
A) BURIAL, CREMA- 24B. DATE 32G. NAME OF CEMETE  REMOVAL (Specify) 11-16-19-1 New Cax	heprof Bacto my
OCAL REGISTRANS SIGNATURE NOV 4195	25 ELINERAL DIRECTOR B. M. Walters
VS 150	Pratty Stricker No



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1 9830 BA	BALTIMORE CITY HEALTH DEPARTMENT 51 98				
	CERTIFICATI	E OF DEATH	Registered No-	0000	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	1. Mil	Phal	2. DATE OF	7 1001	
3. PLACE OF DEATH	Co four	4. USUAL RESIDENCE (V	here deceased lived. If inst	titution : residence	
A. Baltimore City, Maryland 2856/	Dalelayline	A. STATE	B. COUNTY	before admission)	
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR	C. CITY OR TOWN (If	outside corporate limits, w	mits PUDAY and sing		
INSTITUTION 77 67	location)	C. CITTON LOWN	outside corporate fimits, w	township)	
5006 Warriey	Message Yrs.	D. STREET ADDRESS (If	rural give location	-//	
Toth of stan in Ballian A	Mos.	790 126	Pa ( Tage		
c. Length of stay in Baltimore  5. SEX   6. COLOR OF RACE   7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (in years) if Und	er I Year   II Under 24 Hours	
	WED, DIVORCED (Specify)	N = 12 1200	last birthday) Month		
10A. USUAL OCCUPATION (Give kind of 10B, KIN	doned	11. BIRTHPLACE (State or fo	- 69	CITIZENIOS	
ork done during most of working life, even if retired)	D OF BUSINESS OR	11. BIKTHPLACE (Blace of It	oreign country)	. CITIZEN OF WHAT COUNTRY?	
	own tolk + las	Mallin	core	4.8.4.	
13. FATHER'S NAME	SCORKINGER	44. MOTHER'S MAIDEN N.	AME .		
Tellarlas ST.	wellow.	Bakell	e / Druo	COR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nuknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS The	
		Mrs allen Take	andler 285	6 Clakelen	
18. / / / ·	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.	E., (A) CAIT	CINOMA DEST	TOMACH	8-9 Marts.	
heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ise,			A	
ANTECEDENT CAUSES		1/1	1 1. 6.1.6		
ARTECEDERT CAUSES	(B) GEN	ERALIZED MET	AS 145 15	3-9 moulter	
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO	ING DUE TO TO LA	UPR-SI INI-RET	RA DERITANEAL		
UNDERLYING CONDITION LAST.	GL.	VER-SIN-RET			
	(C)		***************************************		
11					
OTHER SIGNIFICANT CONDITIONS CO	TED				
TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER	ATION		20, AUTOPSY?	
OCT, 1951 ON	on it manual	noclor sure of a	Dount over in	YES NO L	
1	ARE OF INJURY (e. g., i	n or   21c. WHERE DID (	If in Baltimore City, give		
	o, farm, factory, street, office bldg.,				
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
INJURY  WHILE AT NOT WHILE  AT WORK  AT WORK					
22. I hereby certify that I attended the deceased from, 1951, to, 1951, that I last saw the					
deceased alive on Nov 1 and that death occurred at 1/36 Lm., from the causes and on the date stated above.					
23A. SIGNATURE A.		23B. ADDRESS		23c. DATE SIGNED	
Her ANE al	M. D.	460 Par He	sleve	11-13-51	
24A. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)	
Burial Way 151957	Drind Re	Sal Tis	barreleh	terrytand	
DATE RECEIVED BY REGISTRAR'S SIGNAT		35. FUNERAL DIRECTOR	1 A	DDRESS _	
LOCAL REGISTRAR	Minus Hills	of Man	25000016	History	
NOV 1 419511 - VENTURAN (IV	Secretary of the second	Com Children	- OG TANK	y yara	

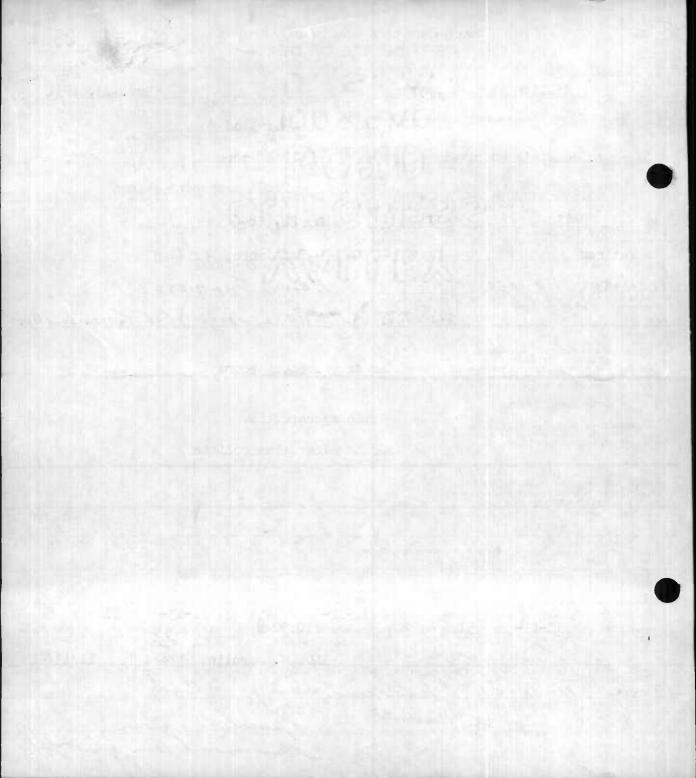
VS 150

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#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE Type or Print) William Richard Leyrer DEATH NOV. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) Baltimore City, Maryland (If not in hospital or institution, give street address or FULL NAME OF Maryland IOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN NSTITUTION St. Joseph's Hospital Raltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore 2605 Greenmount Avenue Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year last birthday) Months: Days Hours: Min. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 24 Hours Married Male White May 22, 1880 OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY LAR1 Retired Baltimore, Maryland 3. FATHER'S NAME 4. MOTHER'S MAIDEN NAME LCHARD RER. LEN WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL ADDRESS es. no or unknown) SECURITY NO NO 212.07.9214 > REENMOUNT HUE 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .....Acute pulmonary edema heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Toxic myocarditis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (c) Acute ulcerative colitis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY WHILE AT NOT WHILE WORK L AT WORK 22. I hereby certify that I attended the deceased from 11-12-1951 to 11-13- 19 51 that I last saw the 5] and that death occurred at 10:30AM, from the causes and on the date stated above. 11-13deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 1400 N. Caroline Street 24A. BURIAL, CREMA-TION, BEMDVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No.

1. NAME OF DECEASED
Type or Print

MARTO
VACCAREZZA

2. DATE
OF
DEATH NOV.

egistered	51	9832
- Babelea		

IRTH NO.			
NAME OF DECEASED		2. DATE	
Type or Print) MARIO	VACCAF	EZZA DEATH NOV.	12, 1951
. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If a. STATE B. COUNTY	institution: residence before admission)
. FULL NAME OF (If not in hospital or institutio IOSPITAL OR NSTITUTION	n, give street address or location)	c. CITY OR TOWN (If outside corporate limits	s, write RURAL and give township)
Shipboard - Giacomo	Fassio		***************************************
th of stay in Baltimore	12 Heurs Mos. Days	D. STREET ADDRESS (If rural, give location)	
777-41-	ED, DIVORCED (Specify)	last birthday) Mor	Under I Year If Under 24 Hours nths Days Hours Min.
ale White Marri OA. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OR	Janua 14 1901 50	12. CITIZEN OF
team Ship Master on Gia	como Fassio	CAMOGLI., Italy	WHAT COUNTRY?
3. FATHER'S NAME	Ship	14. MOTHER'S MAIDEN NAME	
Gerolamo Vaccarezza		Rosy De Gregeri	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  es. no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AI	DDRESS Last
		Ettere Vaccarezza 96 Trement	Ave Orance. NJ
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(B)	y artery sclerosis	
TO THE DISEASE OR CONDITION CAUSING IT			
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION	YES NO X
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB-UTING   CAUSE OF DEATH.	CE OF INJURY (e.g., in rm, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City, g	rive exact location)
INJURY	1E. INJURY OCCURRE HILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJURY OCCUR?	
the evidence obtained by said Autor	osy, Inspection or I	ACCIOTANT MEDICAL EVANIMED 18	e day stated above ndetermined
AA. BURIAL, CREMA- ION, REMOVAL (Specify)		D. MEDICAL INVESTIGATOR  RY OR CREMATORY   24d. LOCATION (City, town,	1-13-51 or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE

Frank Wellis hoe

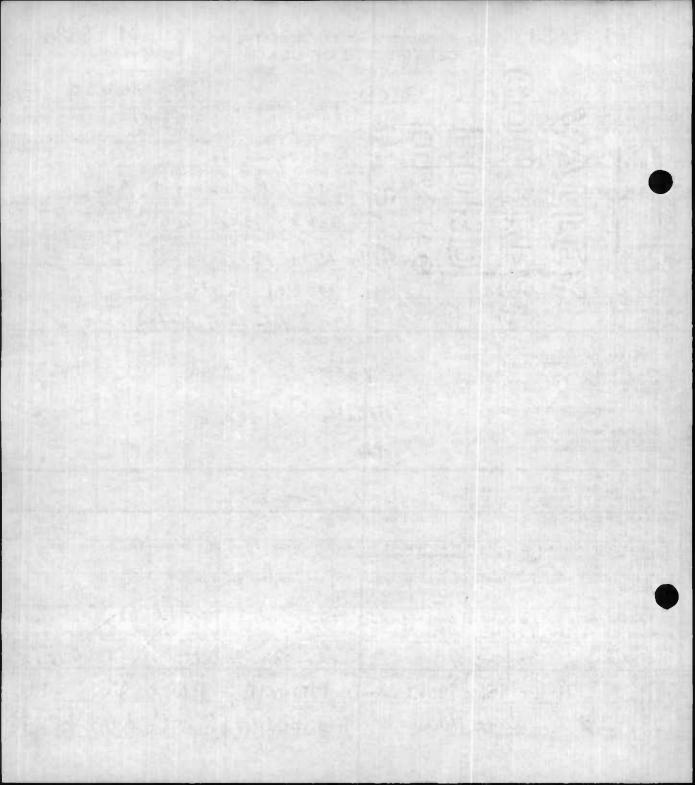
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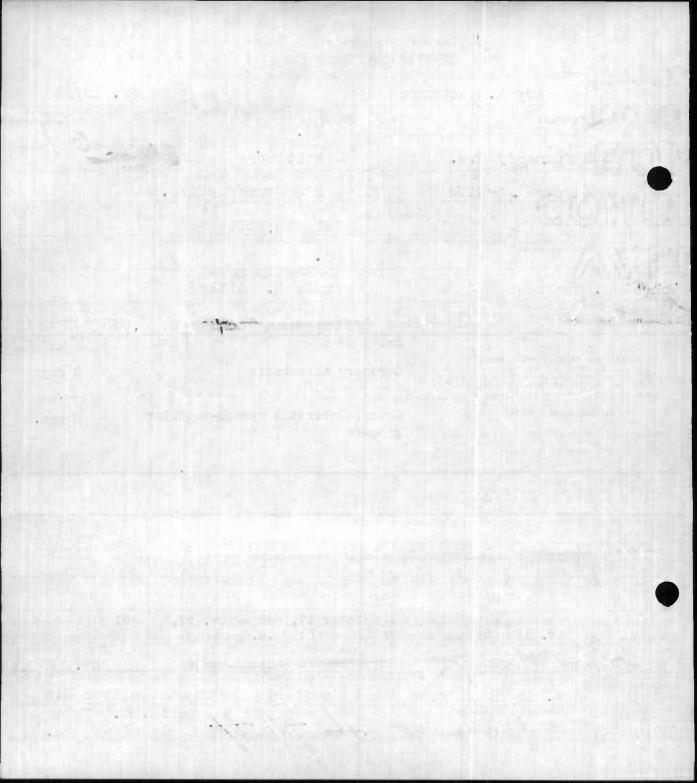
	Registered No.	OCCC
OIRTH NO.	E OF DEATH Registered No.	
NAME OF DECEASED Type or Print) Smith, Corroll Oscar	2. DATE OF DEATH NOV	.13, 1951
. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
. FULL NAME OF (If not in hospital or institution, give street address or location)	,	'A VITTY AV 1 1 1
NSTITUTION . J	Q. 11	township
university Nospitol	D. STREET ADDRESS (If rural, give location)	110
Leth of stay in Baltimore A Mos. Days	1 JOU DEDUMENT AU	
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years   1 Und	lei l'Year if Under 24 Hours ns Days Hours Min.
M W M	Oct 29, 1902 49	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk done during most of working life, even if retired) NDUSTRY	Y	WHAT COUNTRY
not Mointenance,   (Recreation Banding Alle	14. MOTHER'S MAIDEN NAME	4.5.
Allen L. Smith	Mahel Kile	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	RESS
(If yes, give war or dates of service) SECURITY NO.	Mrs. Lillion Smith (wife) so	me
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1' 1' 6 '+	11 1
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	ocordiol inforct	7 0075
injury or complication which caused death.) DUE TO		-
ANTECEDENT CAUSES	Itiple emboli	Emor.
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-	1 1	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Monboso	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (6. g.,	in or   21C. WHERE DID (If in Baltimore City, give	YES NO L
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		cauco socialisti,
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILL AT WORK AT WORK		
22. I hereby certify that I attended the deceased from No	~10 ,195/, to nov 13, 195/,	
deceased alive on Nov. 13, 19 5, and that death occu	238. ADDRESS / from the causes and on the	date stated above
Robert a. moore, Dr. M.O.	Univ. Hosp. Balto.	Nov. 13, 195
	ERY OR CREMATORY 144D. LOCATION (City, town, or	110
BURIAL 111-16-1951 MOKELANI	O LICITORNIC DIVELO	. MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
NUV 1 41951 The tar lymans. Plans	H.M. JEHICINS & JONS CO. 4	12 NOKK 10
VS 150	1	aila
339 8		7400



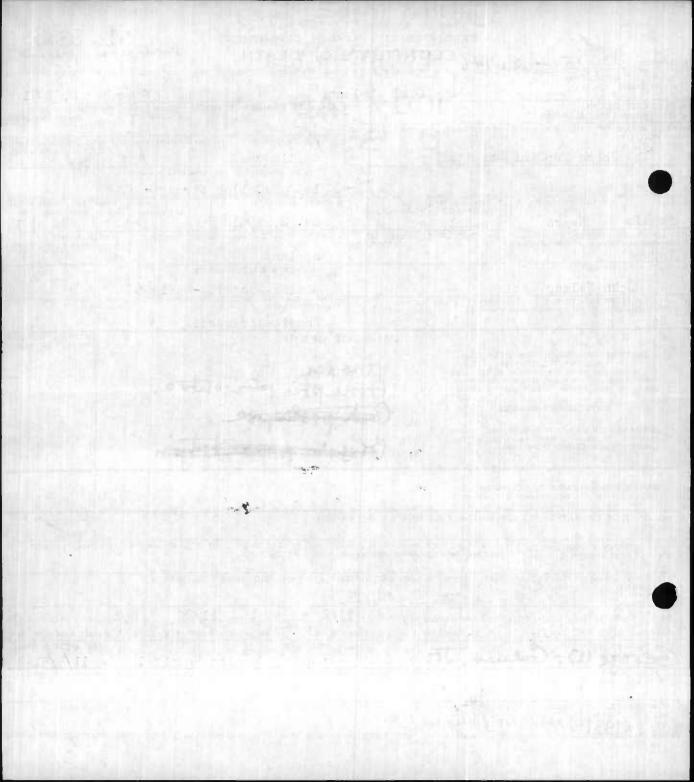
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9834 Registered No.

IRTH NO.						
. NAME OF D Type or Print)	Mary	L. Sh	owacre		2. DATE OF DEATH NOV	. 13/51
	City, Maryland	al or institut	ion, give street address o	4. USUAL RESIDENCE (VA. STATE	Where deceased lived, If B. COUNTY	institution: residence before admission)
IOSPITAL OR NSTITUTION	523 Norman	A.	location)		outside corporate limit	ts, writ BURA, and give (township)
Yrs. Length of stay in Baltimore Life Mos				o. street address (If 523 Normand		
emale   6. COLOR OR RACE   7. SINGLE, MARRIED.   WIDOWED, DIVORCED (Specify Single			July 18,1863	9. AGE (In years) last birthday) Mo	f Under 1 Year H Under 24 Hours onths Days Hours Min.	
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, eveo if retired)  10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	IAME			14. MOTHER'S MAIDEN N		
Michael	S. Showacr	e		Annie R. Litt	le	
5. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
on an analysis	( 300) 8210 1142 02 0440	or sorvice)	SECURITY NO.	Miss Anna Mae	Showacre, 5	23 Normandy
18. 47	1		CAUSE	OF DEATH	Ave	INTERVAL BETWEEN
(This does	E OR CONDITION LEADING TO DEAT not mean the mode of	rH f dying, e.g		ry thrombosis		3 days
henrt failu: injury or	re, asthenia, etc. It mea complication which c	ns the disease aused death	e, .) OUE TO			
	ANTECEDENT CAUS	ES	Arteri	osclerotic cardio	-we conjes	
			(B)q.q		-vascular	2 yrs.
RISE TO TI	OR CONDITIONS, II	STATING TH	E DUE TO	0		
UNDERLY	ING CONDITION LA	51,	(C)	***************************************	******	
	11					
TRIBUTING	IGNIFICANT CONDI	NOT RELATE	.0			
19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
						YES NO
	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i srm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
		m.	WHILE AT NOT WHILE AT WORK			
22. I hereby	u certifu that I att	ended the	deceased from Oct	ober 17, 1949 to No	v. 13. 195	1 that I last saw the
deceased al	ive on Nov. 12	1951	and that death occur	rred at 3:00A.M.from t	he causes and on t	he date stated above.
23A, SIGNAT	WRE VA	-		23B. ADDRESS		23c. DATE SIGNED
	Lange 11.	xup		3030 Edmondson Av		Nov. 14, 195
ion, REMOVAL (S Burial	Pecify NOV . 15	/		Cemetery Nor		
OCAL REGIST	BY   REGISTRAR			25. FUNERAL DIRECTOR		
NOV 1 410	51 Santingto	~ Milli	ence, Mot	Harris White	Fol dmond	44
VS 150		- 1	ulajas -	1 1		000
						W 2 11



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Nelson DEATH November 2, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate/limits, write RURAL and give INSTITUTION township) The Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore 1808 McCulloh Street - 17 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years I Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female Nov. 2, 1951 Negro single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Infant Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Nelson Elaine Garrett - 571356 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Hospital records 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER. ebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! WORK 1951/to\_ 11/2 22. I hereby certify that, I attended the deceased from\_\_ \_\_\_, 1951, that I last saw the \_\_ 19 51, and that death occurred at 10.30 Am., from the causes and on the date stated above, deceased alive on 11/2 238. ADDRESS 23c. DATE SIGNED aleun The Johns Hopkins Hospital REMA 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



100 51 9836 BIRTH NO. 51-2614

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 9836

BIRTH NO. 51-2614	CERTIFICATE	OF DEATH	Registered No.			
I. NAME OF DECEASED Type or Print)	Baby Boy		OF November 5, 1951			
B. PLACE OF DEATH: A. Baltimore City, Maryland	340,7 20,7		deceased lived. If institution: residence  B. COUNTY  before admission)			
B. FULL NAME OF (If not in hospits		Maryland	3 Dadre admission)			
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside	corporate limits, write RURAL and give township)			
The Johns Hopk:	ins Hospital	Baltimore				
Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If rural,				
Male Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. A ls	GE (In years of Under I Year of Under 24 Hours of Hours o			
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Infant	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign				
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Claude A. Pope		Rebecca Gracyson				
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	ADDRESS			
No	SECORITY NO.	Hospital records	(584881)			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (B)  (B)  (B)  (C)						
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT TO THE OISEASE OR CONDITION	NOT RELATED					
	9B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
			YES NO			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e		Baltimore City, give exact location)			
210. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCC	:UR?			
MHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that, I attended the deceased from 10/31, 1951, to 11/5, 151, that I last saw the						
deceased alive on 11/5, 1951, and that death occurred at 6.10Am., from the causes and on the date stated above.						
23A. SIGNATURE	2	3B. ADDRESS	23c. DATE SIGNED			
24A. BURIAL, CRUMA- TION, REMOVAL (Specify)	24c NAME OF CEMETER	The Johns Hopkins H				
DATE RECEIVED BY REGISTRAR'S NOV 1 41951	S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS			

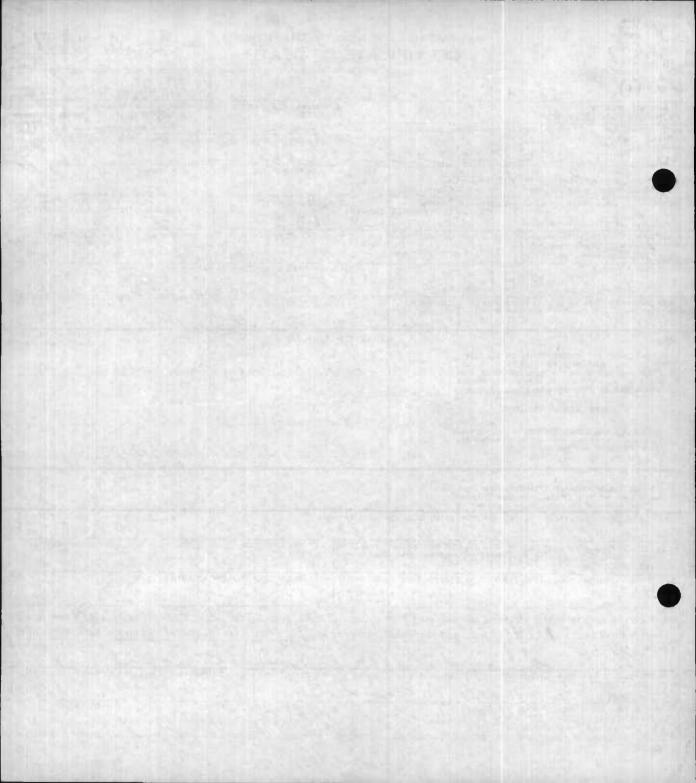


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9837

IRTH NO.	
NAME OF DECEASED Type or Print)  Russell Shires	2. DATE OF DEATH NOV. 14, 1951
. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence  B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or IOSPITAL OR location)	
unwerty Hospital	Colora
Leth of stay in Baltimore / day Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours In Jays Hours Min.
OA. USUAL OCCUPATION (Give kind of retired)  10B. KIND OF BUSIN'SS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U(S. ARMED FORCES?  ca, no or unknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	nic, Glomenelonephitis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	enia, mic encephologythy
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
214 ACCIDENT WAS LINDER.   218. PLACE OF INJURY (6.8.,	YES NO (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 16	2 - 23, 195/to // -/4, 195/, that I last saw the
deceased alive on 10-14, 1951, and that death occur	rred at ? Pm., from the causes and on the date stated above.
23A. SIGNATURE	University Hospital 11-14-51
24A. BURIAL, CREMA- ION, REMOVAL (Specify)  NV 20 1951  Befolks	Tem Converge Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	J. E. Syson. Riving dus Md,

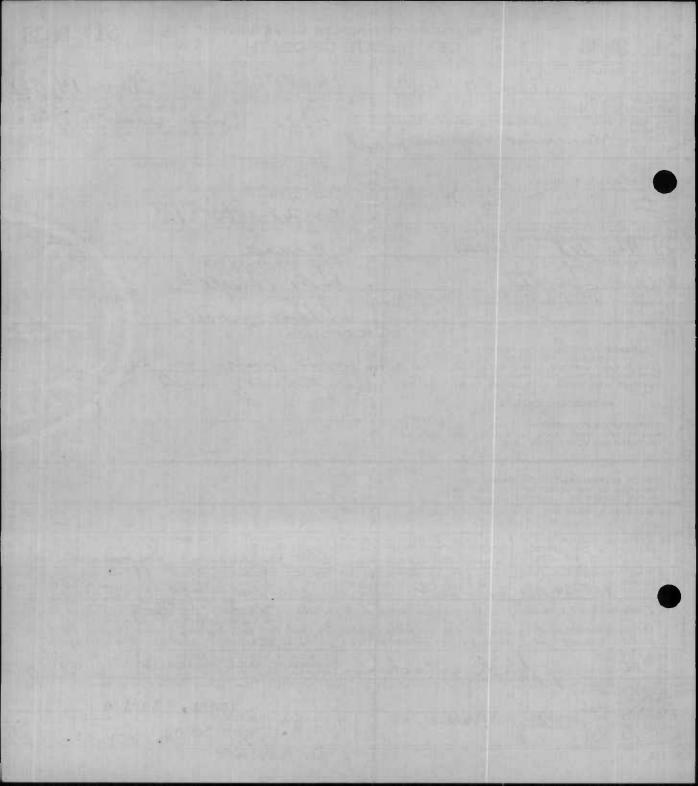


613 BIRTH NO. 3838

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9838

Type or Print)  HELEN	EVV	1ROSTL	2. DATE OF DEATH	Mart.	14 190
Baltimore City, Maryland		4. USUAL RESIDEN			on: reformation)
FULL NAME OF f not in hospital or institution,		6302 1	Tung of	ampa	Tea:
NSTITUTION Maryland Sen	eral Hospilal	c. CITY OR TOWN	(If out ride corpora	tc limits, write	RURAL and give township)
th of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give loca	tion)	08
S. SEX   6. COLOR OR RACE   7 SINGLE.		8. DATE OF BIRTH	9. AGE (In y last birthd		Hours Min.
kdon during host of working the eval if retired)	BUSINESS OR INDUSTRA	11. BIRTHPLACE (State	te or foreign country)	12. CIT WF	TIZEN OF
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	1	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   10	S. SOCIAL	Heary 1/2	urica		
(es, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	allem 1	woll.	ADDRESS	5
18. E 902. 4	CAUSE	OF DEATH		INT	ERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	0 1/2	· · · · · ·	17	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO R	uptime o	2 lines.		
ANTECEDENT CAUSES	,	0			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	•••••••••••••••••••••••••••••••••••••••	***************************************	•••••••••••••••••••••••••••••••••••••••	
	(C)		• • • • • • • • • • • • • • • • • • • •		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	NDINGS OF OPER	ATION			AUTOPSY?
	OF INJURY (e. g., in factory, etreet, office bldg., e		(If in Baltimore		
OF INJURY (Month) (Day) (Year) (Hour) 21E	INJURY OCCURRE	D 21F. HOW DID IN		ose wire	to ground
22. I certify that I took charge of the ren		bove, held an Pa	tisf dutys	there	con and from
the evidence obtained by said Autopsy and death in my opinion resulted from	y, Inspection or I n: natural causes	nguiry, find that sa	id deceased died	on the day	stated above, mined [
Stanley H. Du	clarles M.		CAL EXAMINER CAL EXAMINER IGATOR	1/1	SIGNED - 14, 1951
44A. BURIAL, CREMA- ION. REMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY 2	Tampa F1	orida	y) (State)
DAYE RECEIVED BY REGISTHAR SEGULATION	white , they are	John A. Mor		ADDRE	
/ S 151	A permit years	P. NEd	W.	Baltos	T.
11-8140	05/8	M La /1000	Pallel Hotel	10/	2



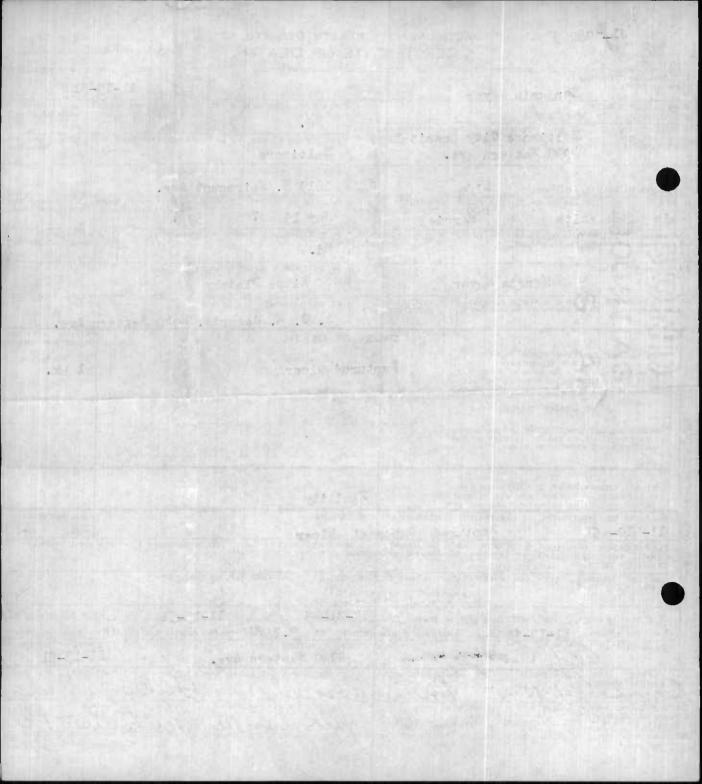
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 9839

BIRTH	9839 LNO			CERTIFICA	TE	OF DEATH	Registered	No.	3333
1. NAI	ME OF DE	Benjamin	Morrow				2. DATE OF DEATH	-13-51	
A. Bal		EATH: ity, Maryland				. USUAL RESIDENCE (V			n : residence efore admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION  B. FULL NAME OF Hospital or institution, give street address or institution give street address or institution. Give street address or institution, give street address or institution, give street address or institution. Give street address or institution, give street address or institution, give street address or institution. Give street address or institution, give street address or institution, give street address or institution. Give street address or institution.					on)	Baltimore (II	outside corporate lim	its, white	RAL and give township)
c. Lei	igth of st	ay in Baltimore	Life	Y: M D:	os.	. STREET ADDRESS (If	unt Ave.	*	
5. SEX		6. COLOR OR RACE	WIDOW	, MARRIED, PED, DIVORCED (Spe <b>rried</b>		May 15	9. AGE (In years last birthday)	H Under 1 Year Months Day	N Under 24 Hours Hours Min.
10A. U	SUAL OCO	CUPATION (Give kind of f working life, even if retired)	IOB. KIND	OF BUSINESS OF		Nd.	oreign country)		IZEN OF AT COUNTRY
13. FATHER'S NAME Morris Meyer					1	14. MOTHER'S MAIDEN NAME Hilsa Platsky			
15, WA (Yes, BO	S DECEASE or unknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO	D. 1	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.			
	heart failurinjury or  DISEASES RISE TO TI	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication which complication with the complication of t	f dying, e. g ns the discas aused death SES F ANY, GIVIN STATING TH	e, .) DUE TO	ur o	Ulcer			Nk.
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED	Seni	lity			
MEDICAL 19	1A. ACCID	ENT WAS UNDER-	Ruptu 218. PL/ about home,	ACE OF INJURY (efarm, fectory, street, office b	g., in o	21c. WHERE DID (	(If in Baltimore City	YE	
0	ZID. TIME (Month) (Day) (Year) (Hour)  ZIE. INJURY OCCURRED  ZIF. HOW DID INJURY OCCUR?  WHILE AT WORK  MOT WHILE  AT WORK								
de		ive on 11-13-5		deceased from and that death o	ccurre	1-45 , 19 , to 1 ed at 3.25 M from	<b>1–13–51</b> , 19 the causes and on	the date	I last saw th stated above DATE SIGNED
241	BURIAL, C	CREMA- 24B. DATE	12	M. D.	4	940 Eastern Ave		11-1	13-51
DATE	rual	pecify) 41-15	-17	Anai o	109	5. FUNERAD DIRECTOR	Halte	ADDRE	Md
LOCA	VRIGIST	951 50000	景加	morris, Mark	Yo	cell Lewis one	2100 6	uta	will

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

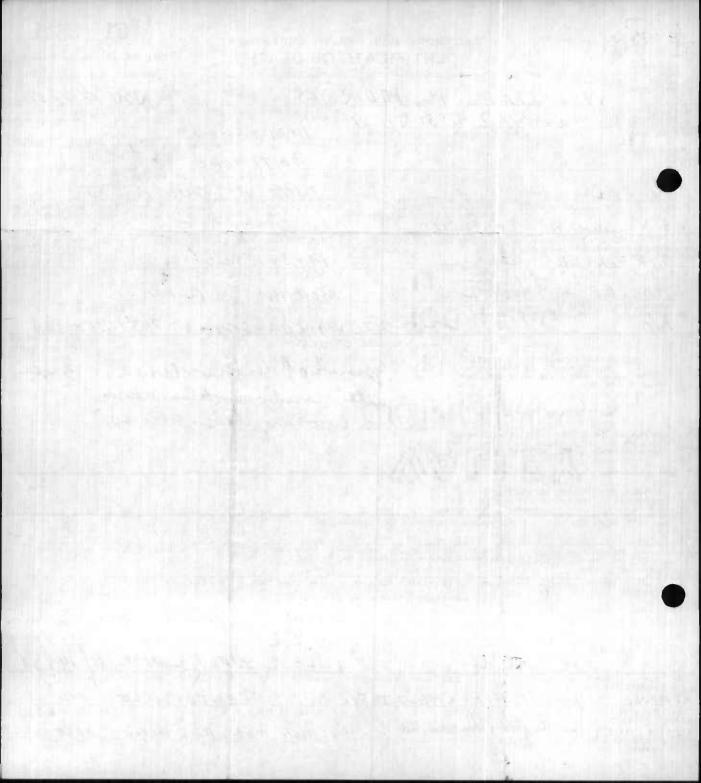
Registered No. 9840

	BIRTH NO. CERTIFICATE OF DEATH Registered No.								
- Contraction	NAME OF I	DECEASED		7	7		2. DATE		-
(1	Type or Print)	SARI	9H /	7. 12	7K	ER		14-51	
	Baltimore	City, Maryland				4. USUAL RESIDENCE (V	Where deceased lived, I	f institution : residence before admission	2)
В.	FULL NAME		al or institution	, give street addr	ess or	1110		7 9	
	STITUTION	1112 Hu	toma	(118	9		outside corporate lim	ils write RURAL and giv lownship	
-		712 104	JUNIO	200	Yrs.	O COOK	rural, give location)		_
C.	Length of	stay in Baltimore			Dave	711 - 19 04	eman	uve	
5.	Emale	6. COLOR OR RACE	7. SINGLE, N	MARRIED.	pecify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under I Year If Under 24 How Ionths Days Hours Min	\$
10 WOD	A USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KIND 0	F BUSINESS O		11. BIRTHOLACE (State or fo		12. CITIZEN OF WHAT COUNTRY	17
4	ATHER'S					14. MOTHER'S MAIDEN N			
1	Mose					Hannah			
15 (Ye	s. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES? 1	6. SOCIAL SECURITY N	NO.	177 MFORMANT ADDRESS			
						Tharles Hake	c-amer	somow apt	-
	18. 4.	77/1		CAU	SE C	OF DEATH		ONSET AND DEAT	
		SE OR CONDITION LEADING TO DEA	ТН		M	10 cardial is	· sulli	1 6 Jays	
	heart fails	s not mean the mode oure, asthenia, etc. It mea	ns the disease.	(A)			Thuma	6 0007	
	injury or	complication which c	aused death.)	DUE TO	(	1 1	1/0	0	
7	Haral B	ANTECEDENT CAUS	SES			Artrivsclewis	/		
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVING	(B)				***************************************	**
AT	UNDERL	YING CONDITION LA	ST.	DUE TO					
FIC				(0)	•				
ERTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON-		V				
CEI	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	***************************************					
ш	19A. DATE	OF OPERATION O 1	98. MAJOR FI	NDINGS OF	OPERA	ATION		20. AUTOPSY?	-
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.)						and 210 WHERE DID (I	f in Poltimore City	YES NO V	
MEDI		R CONTRIBUTING		, factory, street, office			f in Baltimore City,	give exact location)	
	INJURY	(Month) (Day) (Year)		E. INJURY OCC	WHILE	D 21F. HOW DID INJURY	OCCUR?		П
			nı. We	ORK ATW	VORK L	1/8	V	=1	_
		recertify that I att				1941, to		I, that I last saw th	
	23A, SIGNA	live on Nw. 13	191, and	d that death o		BB. ADDRESS (		the date stated above   23c. DATE SIGNED	
		X) i Uor	2.7	Ery M. D			w /lang	11-14-51	
	BURIAL, OF REMOVAL (	CREMA- 24B. DATE pecify)	5	alto-	METER	ebrewo 24d. LC	Palts	n, or county) (State)	
	ATE RECEIVE DCAL REGIST	RAR	S SIGNATURE	ALL MORE		25. FUNERAL DIRECTOR	2/2	ADDRESS	-
=	VS 150	9511		7	1	were preves on	2100	Suran IX	_
				. /	1			1100	

Martin Costant PC

5	1 98	11			EALTH DEPART		gistered No	
В	RTH NO.			CERTIFICA	E OF DEAT	П	5-steled No.	
	NAME OF I	VII-I-I	AM	H. MA	RRIS	2. DATE OF	11011 12 10	~/
	PLACE OF D		11/2/	ISPINITH S			sed lived. If institution: resid	
B. H	FULL NAME OSPITAL OR ISTITUTION			on, give street address of location	MAR	YLAND	porage limits, we de RURAL	
B	.0.					IMORE		(Witsiii)
c.	Length of	stay in Baltimore		Yrs. Mos. Day	1////	AIS QUI	All and a second	
	MALE	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specif	8. DATE OF BIRT	last bi	rthday) Months Days Hour	er 24 Hours
10	A. USUAL O	WHITE CCUPATION (Give kind of		OF BUSINESS OR	II. BIRTHPLACE (	State or foreign coun		)F
		of working life, even if retired)		INDUSTR	L	11.00	WHAT COL	
13	FATHER'S	PENTER NAME				14. MOTHER'S MAIDEN NAME		
. (	CHARL		ORRI	· S	MORIAH	H1661	NS	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO			217-07-3171	WALTER	SIMMS	3437 ELMOR.	A
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL B	DEATH
	DISEA	SE OR CONDITION		(	0 - 1 6	10 0		
	(This doe	s not mean the mode oure, asthenia, etc. It mea	f dying, e.g	., (A) You	nergo e a	visible	wy 34	en
	injury or	complication which	aused death	DUE TO	& Carolin	musclelan	schwing	
		ANTECEDENT CAUS	SES	an		(1)	0	
Z	DISTAGE	S OD CONDITIONS		(8)	woray	Van 80	Cerss	
ATION	RISE TO	S OR CONDITIONS, I	STATING TH		0			
CA	UNDERL	YING CONDITION LA	ST.	(C)	***************************************	***************************************		
FIC		11						
ERTI		II SIGNIFICANT CONDI						
CH		G TO THE DEATH, BUT DISEASE OR CONDITION						
	19A. DATE	OF OPERATION   1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTO	PSY?
CA			1				YES	NO L
<b>IEDICAL</b>		DENT WAS UNDER- PR CONTRIBUTING DEATH		CE OF INJURY (e. g. arm,factory,street,office bldg			more City, give exact location	on)
-	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DIE	INJURY OCCUR		
1			m.	WORK NOT WHILE				
	22. I herel	by certify that I att	tended the	deceased from 9	a 1946, 19	, to mr. 12	, 1951, that I last s	saw the
	deceased a	live on nous	, 1917	and that death occ	urred at 445 m	., from the causes	and on the date stated	above.
	23A. SIGNA		211		238. ADDRESS		MAD 23C DATE S	
-	4. DU0141	we or	mu	- M. D.	1207 2	Norm	(City town or 1	3/
TI	AA. BURIAL, ON, REMOVAL (	Specify) 24B. DATE	1		ERY OR CREMATORY	13.		(State)
	EMOVAL	NOV. 15		CHESTERF		CENTER		
	ATE RECEIVE OCAL REGIS		SSIGNATU	RE	25. FUNERAL DIF		ADDRESS 2	9008
4	OV 1519	351	FT ( ITAL	The Park	VLLRICH F	UNFRALI	HOMU ORLEA	ps Si
1	VS 150		- 1 · · ·	ng gar	6.20		94a	

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1	50 BALTIMORE CITY HI	EALTH DEPARTMENT 51 9842				
1 8	9842 IRTH NO. 50 -25570 CERTIFICAT					
	NAME OF DECEASED (Spe or Print)  ALVIN LEE JACKSON	2. DATE OF DEATH 11-13-51				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland.  C. CITY OR TOWN (If outside convocate the its, write RURA), and give				
	St. Joseph's Hospital	Baltimore, Cownship				
K	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
-	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	104 E. Gittings Street - 30   8. DATE OF BIRTH   9. AGE (In year)   Il Under 1 Year   Il Under 24 Hours				
	Male White Single	10-28-50   last birthday)   Months Days   Hours Min.				
worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
13	None B. FATHER'S NAME	Baltimore, Md.				
	Alvin Lee Jackson, Sr.	Mary Tress.				
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	18. (77) CAUSE	Alvin Lee J.ckson, Sr 104 F. Citting				
	DISEASE OR CONDITION DIRECTLY	OF DEATH				
	OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) DUE TO					
Z	ANTECEDENT CAUSES					
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
RTIFICA						
[11]	OTHER SIGNIFICANT CONDITIONS CON-	cheal asthing.				
O	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?				
EDICAL	21A. ACCIDENT. SUICIDE,   21B. PLACE OF INJURY (c. g., i	n or   21c. WHERE DID (If in Baltimore City, give exact location)				
	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY	ED 21F. HOW DID INJURY OCCUR?				
	m, WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from deceased alive on 11-13-, 19 51, and that death occur	red alo: 40pm., from the causes and on the date stated above.				
		38. ADDRESS 23c. DATE SIGNED				
2	E. O. WHOLE M. M. D.	1400 N. Caroline Street - 13   11-13-51 RY OR CREMATORY   240. LOCATION (City, town, or county) (State)				
TIC	44. BURIAL, CREMA- 248. DATE // 244. NAME OF CEMETE ON, REMOVAL (Specify)  Burial Nov. 13. 1951. Cegar Hill					
	ATE RECEIVED BY REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
1 _	MOV 1 From	1 Hauled & Mens 1466 & Charles				

NOV. 1.5. 1951

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1466 S. Charles

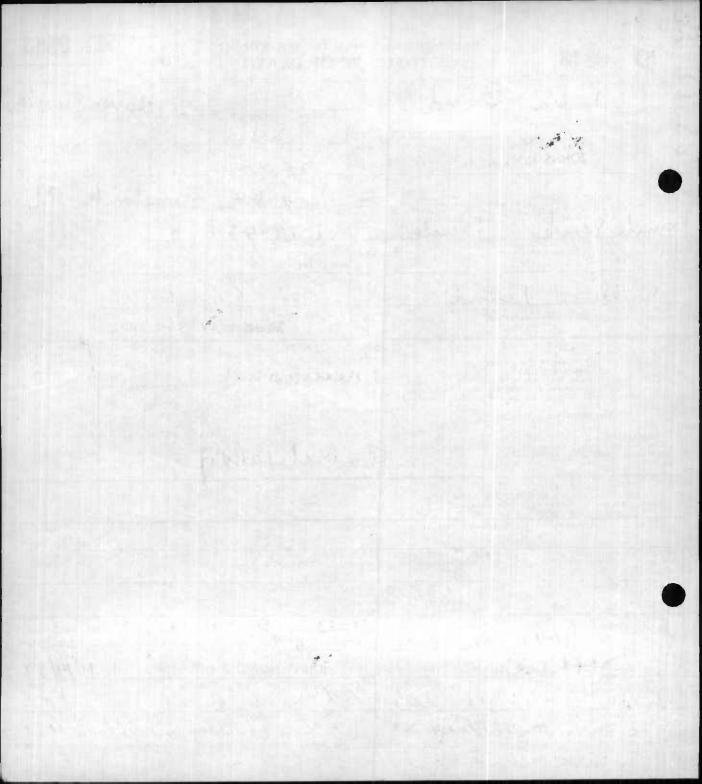
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TO SHE WILLIAM STATE OF The first series alone diese of the sales of the sales

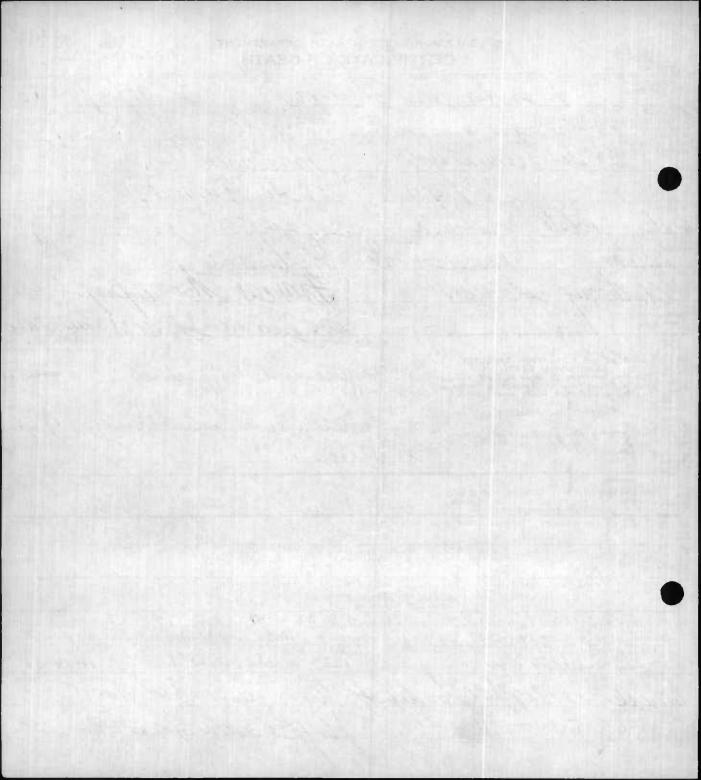
2	130 BALTIMORE CITY HI	EALTH DEPARTMENT		51 9843
===	IRTH NO. / 9843 Julia CERTIFICAT	E OF DEATH	Registered	
(3	NAME OF DECEASED Bond		OF DEATH NA	vember 13,1951
Α.	Baltimore City, Maryland	4. USUAL RESIDENCE ()	Where deceased lived. In B. COUNTY	f institution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)  JOHNS HOPKINS HOSPITAL		f outside corporate limi	ts, write RURAL and give township)
	Length of stay in Baltimore Yrs. Mos. Days  SEX   6.COLOR OF RACE   7. SINGLE, MARRIED.	D. STREET ADDRESS (If	rural, give location)	nka Rd.
F	OA. USUAL OCCUPATION (Give kind of 10 B. KIND OF BUSINESS OF	1-19-43 11. BIRTHPLACE(State or f	last birthday) M	onths Days Hours Min.
	k done during most if wirking life, even if retired)  INDUSTRY	Ballo	oreign country)	WHAT COUNTRY?
	William & Band	Julia Hel	Serstay	1/
(Ye	5. WAS DECEASED EVER IN U. 3. ARMED FORCES? (If yes, give war nr dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	PKINS HOSPITA	DDRESS
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY GIVING	ebral Pals	4.	INTERVAL BETWEEN ONSET AND DEATH
CERTII	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DICAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hnme, farm, factory, street, nffice bldg., e		f in Baltimore City,	give exact location)
	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY  m. WHILE AT NOT WHILE AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from 11 deceased alive on 11-13. 1951, and that death occur		11-13, 19 <b>5</b> , he causes and on t	L, that I last saw the he date stated above.
	23A. SIGNATURE M. D. 2	JOHNS HOPKINS		23c. DATE SIGNED
	13. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER SUN OF SUN 17, 1951 Bedu. 96	0 1	CATION (City, town,	or county) ((State)
D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ans 11,00 1 6	ADDRESS

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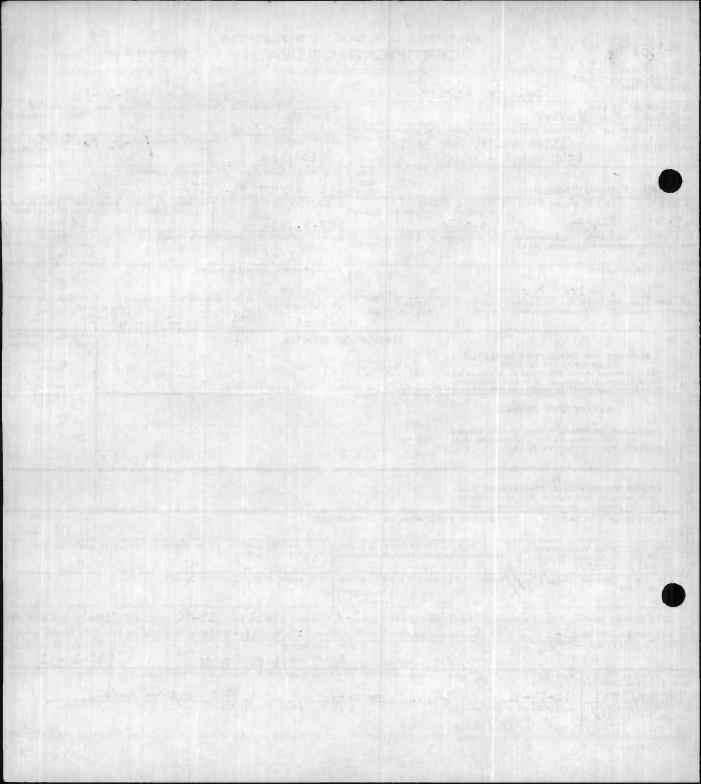
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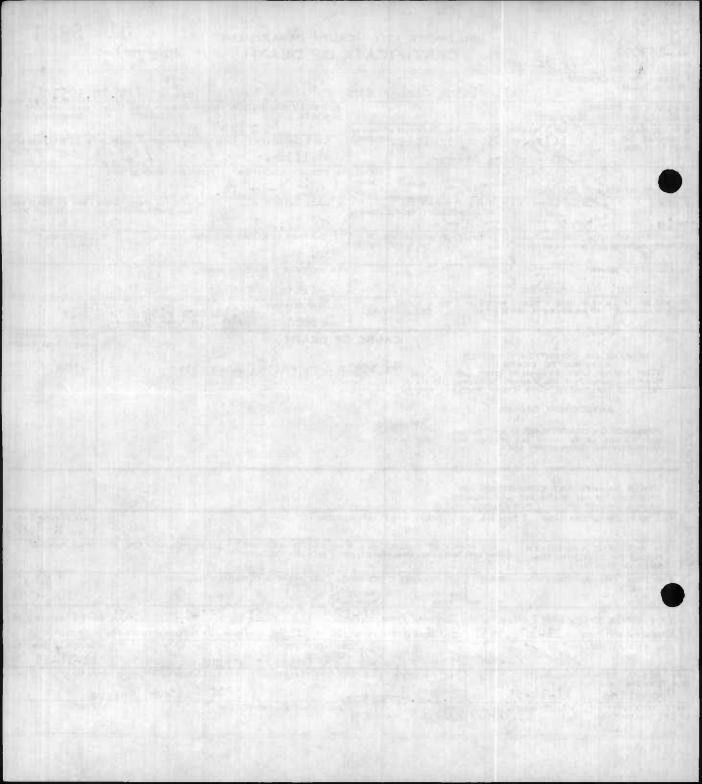
1,20	
BALTIMORE CITY HEALTH DEPA CERTIFICATE OF DEA	
1. NAME OF DECEASED Bonsanin Anneral	2. DATE OF DEATH 11/14/51.
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE	SIDENCE (Where deceased lived, If in litution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3 (If not in hospital or institution, give street address or location)  C. CITY OR TO	DWK, (If outside corporate links, write RURAL and give township)
c. Length of stay in Baltimore 4-1412 Mos. Days 38	OFRESS A rural, give location)  O FIRMOUT CLUC.
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, 8. DATE DF BI WIDDWED, DIVORCED (Specify)	187H 9. AGE (In years II dodor I Year II Under 24 Hours Min.
work deserbluring most of working life, even if retired)	CE (State or foreign country) 12. CITIZEN CE WAATEQUNTRY?
Buttony Sauces Trans	LEAN HOMOPOPAPROSI
15. WAS DECEASED EVEN'IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Store Lange & Shenather
18. 4 20.1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	e Infantion 2 weeks
AUTOCOPONIA ALUANA	- 6 . 5 / 0
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	we Carcles Voular Yyrs
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCURRENCE CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW WHILE AT NOT WHILE	DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from april 22, 1	1947, to Nov. 14, 1957, that I last saw the
deceased alive on New 14, 1957, and that death occurred at 11:101	Am., from the causes and on the date stated above.
John P. Urlocks for 1227 Was	sh. ash d 11-14-51
244 BURIAL CREMA- TION HEMOVAL (Specify)	DRY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  NOV 1 5 10 5 1	DIRECTOR DO LAPPRING LE.
vs 150 590 46	93)



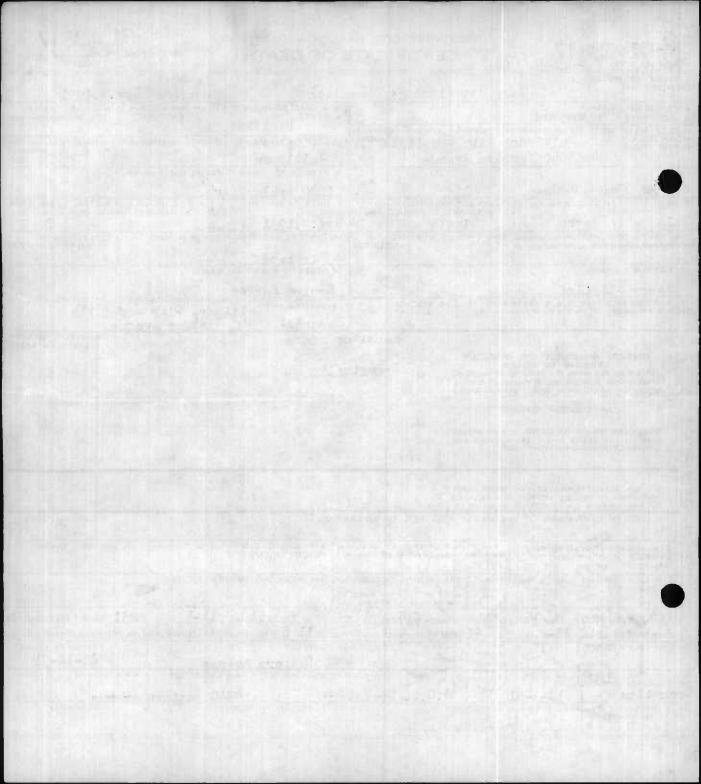
I. NAME OF [Type or Print)		Lee P	arker		2. DATE OF DEATH 11	10-51
B. PLACE OF D	DEATH: City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived.	
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	City F	ion, give street address or cospitals	Marylan	ıđ.	nits, well RURAL and give township
e ength of	stay in Baltimore		Yrs. Mos. Days		(If rural, give location) t. (17)	
s. sex	6. COLOR OR RACE		E, MARRIED, YED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Munder 24 Hours Min.
OA. USUAL OG ork done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
	. Calvin Park			Gladys Jack		
15. WAS DECEAS	ED EVER IN U, S. ARMEI (If you, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANTBal Records: 494	timore City Ho O Eastern Aven	ADDRESS Spitals ue
(This doe heart fail injury or DISEASE RISE ID	SE OR CONDITION LEADING TO DEATS s not mean the mode of ure, asthenia, etc. It means complication which of ANTECEDENT CAUSE SOR CONDITIONS, INTELLIGIBLE THE ABDVE CAUSE (A) YING CONDITION LA	FH  If dying, e. g  Ins the diseas  Ins the di	(a) Hemorr	OF DEATH hagic Disease		INTERVAL BETWEEN ONSET AND DEATH
OTHER STRIBUTION	II SIGNIFICANT CONDI G TD THE DEATH, BUT DISEASE OR CONDITION	TIONS CDM NDT RELATE CAUSING I	D	RATION		20. AUTOPSY?
	DENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City	y give exact location)
2 lb. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
	dive on 11-10		and that death occu			5]that I last saw the the date stated above
244. BURIAL. FION, REMOVAL ( Cremati DATE RECEIVE LOCAL REGIS	on7   11-13-5	1 S SIGNATU	B.C.H. Cremat	4940 Eastern A	40. LOCATION (City, to)	
NOV 15	1951 Justin	nr / you	and one of the state of the sta			



2:	638	46	BA	LTIMORE CITY HE			D		9846
BI.	D <b>-1</b> 53039	-1-16024	-	CERTIFICATI	E OF DEATH	1	Register	red 140.	
1. (T	NAME OF D	ECEASED	ail Ela	ine Richardson			2. DATE OF DEATH	Nov.1	0,1951
	PLACE OF D				4. USUAL RESIDEN	NCE (WI		ed. If inst	
-	FULL NAME	City, Maryland  OF (If not in hospit	al or institut	tion, give street address or	11 3.6	land	B. CO0141	I	before admission)
	STITUTION	Baltimore	City !	Hospitals location)	C. CITY OR TOWN	(If o	outside corpora e	limits, w	rite RURAL and give
10		4940 East	ern Av	enue	Baltimore		/	2-	O (township)
				Yrs.	D. STREET ADDRES	ss (If r	ural, give locatio	n)	
C.	angth of s	stay in Baltimore	Lif	Mos. Days	1611 Bruce	Ct.	(17)		
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In yea	rs If Unde	s Days Hours Min.
em	ale	Negro		ngle	July 17,1951		iast birthday	3	Days Hours Mill.
10	A. USUAL OC	CUPATION (Give kind of	108. KINI	O OF BUSINESS OR	11. BIRTHPLACE (St		reign country)	12	. CITIZEN OF
WOLK	done during most	of working life, even if retired)		INDUSTRY	Maryland				WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIL	DEN NA	ME		
	St Pon	1 Richardson			Lillian St	- mlos			
15		ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL					
(Yes	i, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Pecords: 4	altir 940 I	ore City astern A	Hosp	itals
	18. 7	19.3		CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEA	SE OR CONDITION							-
		LEADING TO DEA	of dying, e.	Dab (L.)	le Congenital	Anom	alies	• • • • • • • • • • • • • • • • • • • •	Life
		re, asthenia, etc. It mea complication which							
		ANTECEDENT CAUS	SES						
z				(B)			****************************		
0		S OR CONDITIONS, I							
A		YING CONDITION LA		(C)					
RTIFICATION				(0)					
F	OTHER	II SIGNIFICANT COND	TIONS CO						
ш	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED					
U		OF OPERATION 1		FINDINGS OF OPER	RATION	*******	r rev 11	00-11-	20. AUTOPSY?
A L	ISA. DATE	y Si Ellation y	ou. MADO!	THEMOS OF OLE					YES NO
EDICAL		DENT WAS UNDER-		ACE OF INJURY (e. g., i			in Baltimore	City, give	exact location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
P	INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE					
			m,	WORK AT WORK	13	7	3 30	~ ~	
	22. I hereb	y certify that I at	tended the	deceased from 10-					hat I last saw the
	deceased a		_, 19_51	and that death occur		from th	e causes and		
	23A. SIGNA	TURE 9	Des		23B. ADDRESS				23c. DATE SIGNED
	A DUSTAL	CDEMA DATE CATE	00	M. D.	4940 Eastern		CATION (City,		11-14-51 (State)
TIC	AA. BURIAL,	Specify			TO THE REAL PROPERTY.				
	Cremati			B.C.H. Cremato	ry		Eastern		
	ATE RECEIVE	RAR REGISTRAR	SSIGNAT	pliants, item	25. FUNERAL DIRE	CTOR		A	DDRESS
	NOV 151	19511	1	**		E2 E	3		
	VS 150		100		PIN DATE				
1								1	57M



4	36	RAI	LTIMORE CITY HE	FALTH DEPARTA	151 51	9847
	TD-153677 9847 57	60	CERTIFICAT		TO	00±1
	NAME OF DECEASED pe or Print)	by Boy	Eldridge (Lo	ouise)	2. DATE OF DEATH NOV.4	.1951
A. ]	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDER	NCE (Where deceased lived, If inst	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HO	SPITAL OR Baltimor  HITUTION  WHEN THE PROPERTY OF THE PROPERT	e City	ion, give street address or Hospitals <sup>cation</sup> ) Venue	c. CITY OR TOWN Baltimore	(If outside corporate limits, w	rite RURAL and give township)
c.	ngth of stay in Baltimore	Li	Yrs. Mos. Days	1020 Ashlar	SS (If rural, give location)	
	6. COLOR OR RACE Negro	WIDOW	E, MARRIED, VED, DIVORCED (Specify) ngle	Nov. 4, 1951	last birthday) Month	by Vear Hours Hours Min.
rork	. USUAL OCCUPATION (Give kind of lone during most of working life, even if retired)	108. KI <b>N</b> E	O OF BUSINESS OR INDUSTRY	Maryland		CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Henry Eldridge			14. MOTHER'S MAI		
15. (Yes,	WAS DECEASED EVER IN U. S. ARMEI no or unknown) (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANTBa	Atimore City Hospi	Ress
RTIFICATION	LEADING TO DEA:  (This does not mean the mode of heart failure, asthenia, etc. It mealinjury or complication which of the complex of the comp	f dying, e. nos the disease aused death ES F ANY, GIVIN STATING THEST.	(B)	urity		Life
SE .	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	CAUSING I	т	ATION		20. AUTOPSY?
CAL	19a. DATE OF OPERATION		FINDINGS OF OPER			YES NO X
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., cause of Death  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCURRING WHILE AT WORK AT WORK						exact location)
					INJURY OCCUR7	
	22. I hereby certify that I att deceased alive on 11-4 23A. SIGNATURE	ended the , 19_51.	and that death occur	_4 , 1951, rred at 11 p m., 235. ADDRESS 4940 Eastern .	from the causes and on the c	hat I last saw the date stated above. 3c. DATE SIGNED 11-14-51
TIO	a. BURIAL, CREMA-24B. DATE N. REMOVAL (Specify) emation 11-7-5		B.C.H. Crema	RY OR CREMATORY	240. LOCATION (City, town, or 4940 Eastern Avenue	
DA	TE RECEIVED BY REGISTRAR			25. FUNERAL DIRE	CTOR , Al	DDRESS
	VE 150					



JOHNS HOPKINS HOSPITAL BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) mor Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify) 6. COLOR OR RACE 9. AGE (In years Il Under 1 Year last birthday) Months Days Hours Min. 12-20-06 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Produce Owner 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Driver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, go or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL No 18. INTERVAL BETWEEN CAUSE OF DEATH 600. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. I DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)

CAUSE OF DEATH

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY WHILE AT NOT WHILE!

AT WORK

22. I hereby certify that I attended the deceased from 11-6-

deccased aligen 1/-12-, 19\$1, and that death occurred at 1 4 m., from the causes and on the date stated above.

Arbutus Mem. Park

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

25 FUNERAL DIRECTOR

24c. NAME of CEMETERY OF CREMATORY | 24o. LOCATION (City, town, or county)

Baltimore ADDRESS

1951 to 11-12- , 1951, that I last saw the

(If in Baltimore City, give exact location)

20. AUTUPSY

23c. DATE SIGNED

Souther willy / Helianes

REGISTRAR'S SIGNATURE

JOHNS HOPKINS HOSPITAL

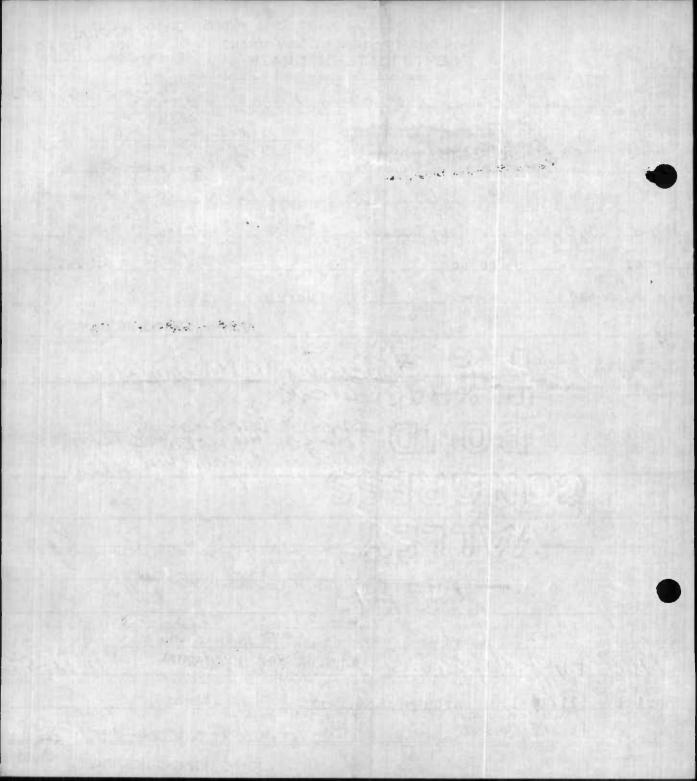
2BA. SIGNATURE .

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

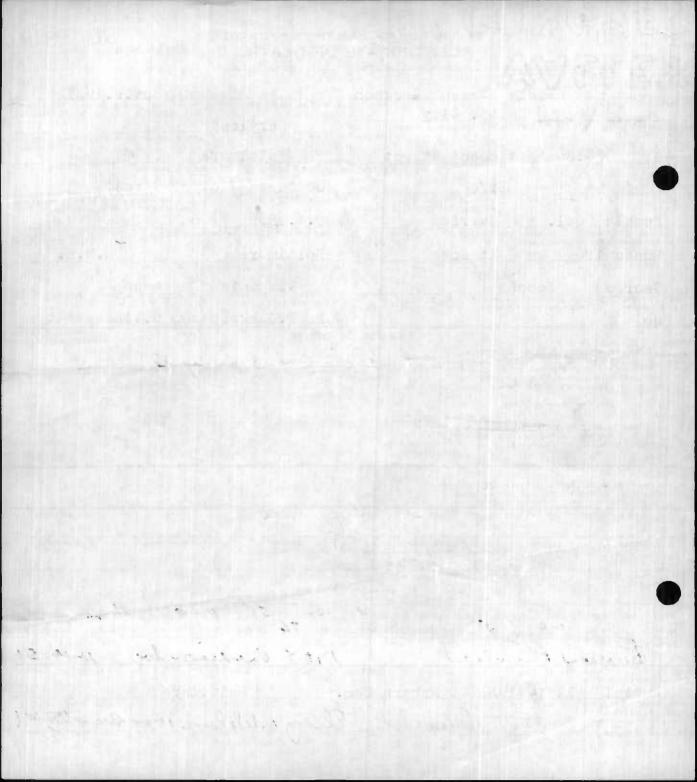
OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9849

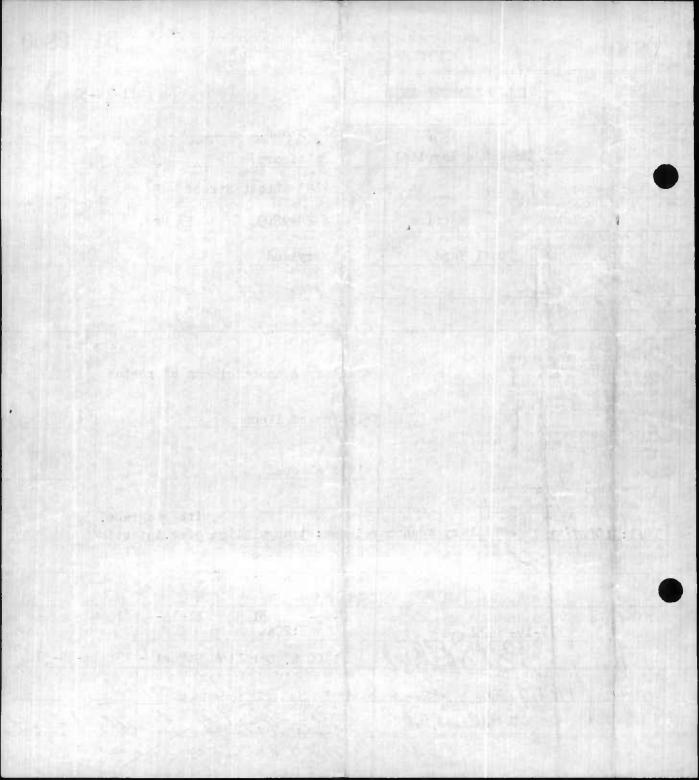
1. NAME OF DECEASED (Type or Print) 2. DATE Viola Green Jackson DEATHNOV. 9. 195] 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION 300. South Vincent Street Baltimore o. STREET ADDRESS (If rural, give location) th of stay in Baltimore 300 South Vinvent Street Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH If Under 24 Hours Married Dec.4.1898 Female Col. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, eveo if retired) INDUSTRY WHAT COUNTRY? U.S.A. Housewife Home Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Beach
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Virginia Beach 16. SOCIAL 17. INFORMANT ADDRESS Yes, oo or uoknowo) (If yes, give war or dates of service) SECURITY NO. John F. Jackson 300 S. VIncent St INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY isoma of Laughel LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE! WORK AT WORK 9-10-195/ to 11 -9 . 19 1/, that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ deceased alive on 11-9 74 m., from the causes and on the date stated above. 19 and that death occurred at\_\_\_ 23A. SICNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Eurial Arburn Cem DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25 LOCAL REGISTRAR VS 150



3	00
4	9850
PI	PTH NO

36	) (	RALT	IMORE CITY HE	ALTH DEPARTMEN	-	51 0	850	
1	9850			E OF DEATH	Registere		000	
BIRTI	I NO.		EICHII TO/CH	- OI DEATH				
	ME OF DECEASED WIII	LIS LEAN	DER REED		2. DATE OF DEATH 1	1-14-51		
	ACE OF DEATH: ltimore City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY		esidence admission)	
HOSP	ITAL OR		, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate li	mits white ROR	AL and give township)	
ld)	St. Jo	seph's Ho	spital Yrs.	Baltimore	If rural give heatinn	9/	CONTRIBILITY	
c. Le	ngth of stay in Baltimore		35 yrs Days	1643 Abbott S				
5. SE	x 6.COLOR OR RACE Male Colored	7. SINGLE, WIDOWEI MA	MARRIED. D. D. VORCED (Specify) Tried	8-24-1903	9. AGE (In years last birthday)	Under   Year	Under 24 Hours Tours Min.	
10A. l	JSUAL OCCUPATION (Give kind of eduring most of working life, even if retired)	Coal Ya	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland	r foreign country)	12. CITIZEN WHAT C	OF COUNTRY?	
13. F	THER'S NAME		(N)	14. MOTHER'S MAIDEN	Pa la			
15. W (Yes, no	AS DECEASED EVER IN U. S. ARMEE or unknown) (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	Parks	ADDRESS		
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  ANTECEDENT CAUSES  Volvulus of ileum  (B)  DUE TO  UNDERLYING CONDITION LAST.							
FIC			(c) Pelv	ric Abscess.				
CERTI	OTHER SIGNIFICANT CONDITIONS TO THE DISEASE OF CONDITION	NOT RELATED						
EDICAL	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION With gangrene. 20. AUTOPSY7  10/1: 10/27/51 Papillary adenocarcinoma: strangulation of sm. intestine YES No X  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location)							
Z O	D. TIME (Month) (Day) (Year)	WH	E. INJURY OCCURR	The second second second	RY OCCUR?			
	2. I hereby certify that I att	ended the de		9-24-, 1951, to rred at 2:20am., from				
No.	BA. SIGNATURE	3/8		38. ADDRESS 1400 N. Caroli		23c. DATE	E SIGNED	
	BURIAL CREMA 24B. DATE BENOVAL (Specify) MOUST	151	Shorp It a	em, C	LOGATION (City, to	ed	(State)	
DATE		S SIGNATUR		Mus Roll	a. Elles	itty. Da	ughter	
	VC 150					and the same	0	

7061 1129 71: Caercine St 46)



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RGARET DEATH 100 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write KURAtrand give INSTITUTION, Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days AGE (in years | filluder | Year | | Il luder 24 Hours | lays birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE If Under 24 Hours 5. SEX 7. SINGLE, MARRIED. 9. AGE (in years) WIDOWED, DIVORCED (Specify) widowed BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork dong during most of working life, even if retired) INDUSTRY WHAP COUNTRY? ome HOUSEWIXE 13. FATHER'S NAME NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give SECURITY NO NO INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Ear heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) ....

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or

21c. WHERE DID INJURY OCCUR?

YES (If in Baltimore City, give exact location)

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Nor 10

WHILE AT WORK

1957, to Nor 13 , 1957, that I last saw the deceased alive on Nov 13 1951, and that death occurred at 2 p. m., from the causes and on the date stated above. 23c. DATE SIGNED

23M SIGNATORE 248. DATE

24c. NAME OF CEMETERY OF CREMATORY

Nor14/51 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) uria

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE.

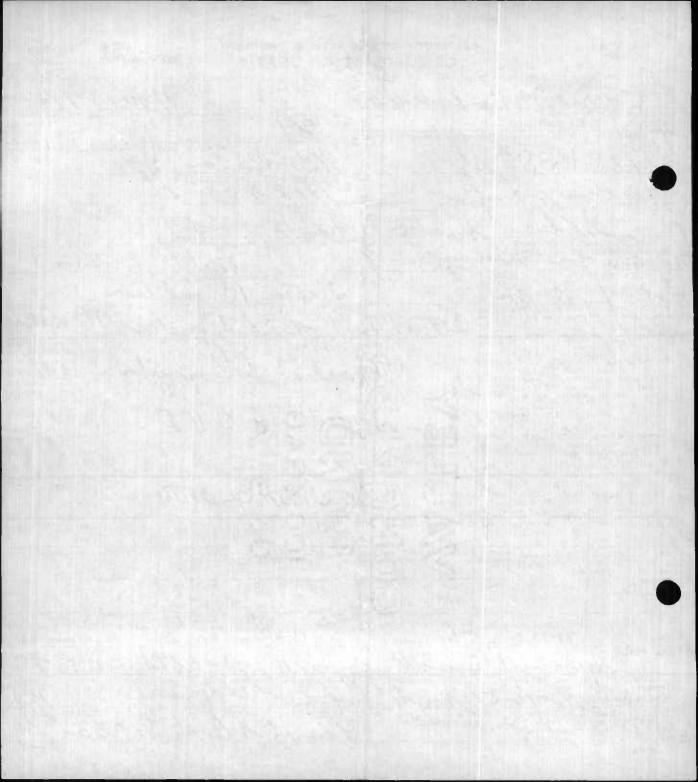
25. FUNERAL DIRECTOR

Dr. Earl Toons 1202 St Pulst

## BALTIMORE CITY HEALTH DEPARTMENT

51 9859

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered 1	Vo- 0000
1. NAME OF DECEASED (Type or Print)  ASTALL MARIE OF DECEASED (Type or Print)	ander		2. DATO OF DEATH OU	13-1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	7,7,0000	4. USUAL RESIDENCE		institution: residence before admission)
B. FULL NAME OF (If not in hospital or) institution (If not in hos	tion, give street address or location)	c. City or town +1	outside corporate limit	s, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (III	rurate (ive lication)	
5. SEX   6. COLOR OR RACE   7. SING	LE, MARRIED, WED, DIY ORCED (Specify)	B. DATE OF BIRTH		f Under 1 Year H Under 24 Hours onths Days Hours Min.
Hacking product of working Me, even it stired)	D OF BUSINESS OR	11. BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF
Harry Hughes	, clothy (M)	Hester 3	sulder	
15. WAS DECEASED EVER IN U. S. ANDED FORCES? Yes, no or unknown (If yes, give war or lates of service)	16. SOCIAL 2/2-07. 46.	17. INFORMANT 1 Wildred	Lustice 1	9978 W38.SI
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea	8., (A) le	ridiae Dec	mpensation	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING (B)	partensons C	VP.	7.
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED OUL	eability no	ellitis	
19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PL LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., it o, farm, factory, street, office bldg., e	or 21c. WHERE DID ( to.) INJURY OCCUR?	If in Baltimore City,	give exact location)
TIME (Month) (Day) (Year) (Hour) NJURY m.	WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the deceased alive on 11-13, 19	e deceased from 6.	-2, 1950, to red at 12:31 Rn., from t		that I last saw the date stated above.
	march M.D.	38. ADDRESS 9	elem	23c. DATE SIGNED
TION REMOVAL (Specify)  HOV/6-5-1	Hards Ch	spal Elo	gration (City, town,	or county) (State)
DATE RECEIVED BY REGISTRARYS SIGNAL REGISTRARY NOV 151951	Laura, Marie	Frank H	ect 814	736 MSh
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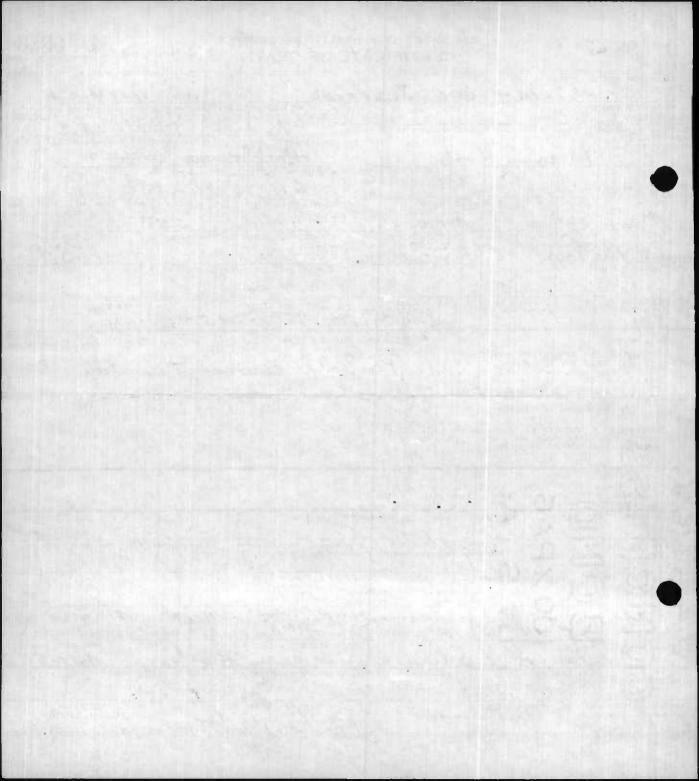
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51	9853
BIRTH N	0.
1. NAME (Type or I	of DECEAS

# BALTIMORE CITY HEALTH DEPARTMENT

51 9853

JI JOJU	CERTIFICATI	E OF DEATH	Registered No	2 0000
BIRTH NO.  1. NAME OF DECEASED			1 2. DATE	
(Type or Print)r. Wicciam 6	EE JUDEF	CNA	OF DEATH //-/	4-5-1
3. PLACE OF DEATH:	- V 0 0 0 1	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution : residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institu	tion, give street address or	A. STATE	Baltin	before admission
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
Mercy Ho	40.	13 militias	Wiltonda	le township
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
c. I. ligth of stay in Baltimore	Days Days	611 Wil	ton Kd.	5368
MIDO!	E, MARRIED, WED, DIVORCED (Specify)	Oct. 6, 1896	9. AGE (in years last birthday)  5.5 715	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working ffe, even if retired)	D OF BUSINESS OR ANDUSTRY	11. BIRTHPLACE (State or fo	1	2. CITIZEN OF
isst. to Vice Pres. Che	wica Corp.	Baltimore, Md.		WHATCOUNTRY
13. FATHER'S NAME	(M)	14. MOTHER'S MAIDEN NA	AME	
/ William B. Judefind		Mary Todd		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no p nnknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	611 Wi1W	RESSOR
Vho-	215-10-5755	Mrs. Wm. Lee Jude	find, Wiltonda	le Road
18. 4 20. 1		OF DEATH	77 OS do V 7 5 2 3 5 5 5 5	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 00	1	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat		able carons	ry Through	و ف
ANTECEDENT CAUSES				
Z I	(B)			E STILL MISS
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO	NG			***************************************
UNDERLYING CONDITION LAST.	(C)			
	(0)		***************************************	• • • • • • • • • • • • • • • • • • • •
OTHER SIGNIFICANT CONDITIONS CO	AN -			
TRIBUTING TO THE DEATH, BUT NOT RELAT	rED			
	R FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
	ACE OF INJURY (e. g., in , ferm, factory, street, office bldg., e	n or 21c. WHERE DID (I	f in Baltimore City, giv	e exact location)
21D. TIME (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	WHILE AT NOT WHILE			
m.	WORK AT WORK	- 18/ 105-1/.	1 14 1051	
22. I hereby certify that I attended the deceased alive on 11-14, 1951	e deccased from	1 9 20 A	1951,	that I last saw the
23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
es)m. H.H.	lear M.D.	Moren H	asto.	11.14.50
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	OCATION (City, town, or	r county) (State)
Burial Nov. 16,1951	Lorraine Cen	netery Woo	dlawn, Md.	
DATE RECEIVED BY   REGISTRAR'S GIGNAT	URE 445	FUNERAL DIRECTOR		ADDRESS
LOCAL REGISTRAR	A	Hollis aux	Eau Haig	Liberty
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Da. E. N. Da	wett -10	del 4747		9,10
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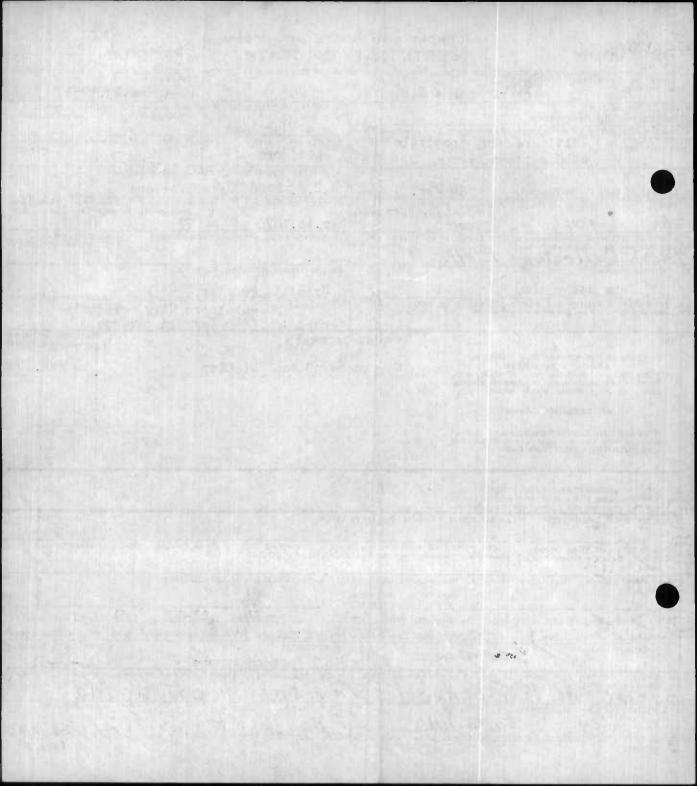
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9854

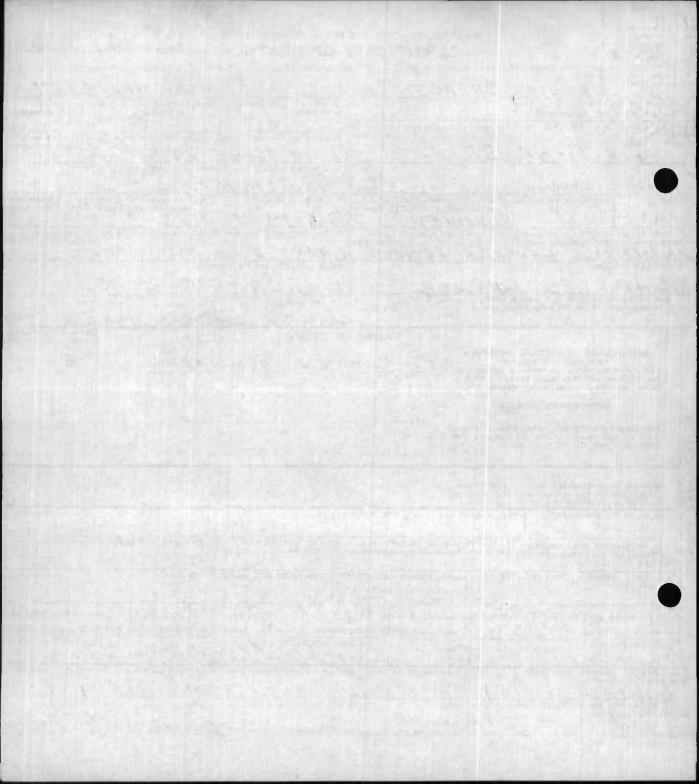
В	KIH NO.							
	NAME OF DI		ert Tho	mas Risby		OF NOV.1	3,1951	
	PLACE OF DI	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If i	institution : residence before admission)	
В.	FULL NAME	OF (If not in hospit		ion, give street address or	Maryland		1 70	
	SPITAL OR STITUTION	Baltimore 4940 East		ospitals location)	Baltimore (H	l outside corporate limite	s, write RURAL and give (with white)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	Longth of st	tay in Baltimore	5	4 Yrs. Mos. Days	B.C.H. 4940 Eas	tern Avenue		
	sex Male	6. COLOR OR RACE		MARRIED, (ED,DIVORCED (Specify)	Mar.16,1876	9. AGE (in years last birthday)	nths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
Œ	RAS h	Cyorkine life, even if retired)	BAI	to CITY	Va.	WILLSEY ASO,	WHAT COUNTRY?	
13	. FATHER'S N		,	70.7	14. MOTHER'S MAIDEN N	AME		
		ce Risby (D)			Prisilla Hudgi			
15 (Ye	, no or unknown)	D EVER IN U. S. ARMEI (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balti	more City Hos	APPESAs	
					Records: 4940	Eastern Aven		
	18. 18	/X		CAUSE	OF DEATH		ONSET AND DEATH	
П	DISEAS	E OR CONDITION		Concin	ome of the bladd	A73	là Yrs.	
		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or	complication which	caused death	.) DUE TO				
ANTECEDENT CAUSES								
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING						***************************************	
ATI		HE ABOVE CAUSE (A)		E DUE TO				
OI.				(C)				
ERTIFICATION	OTHER C	II IGNIFICANT COND	ITIONS COL					
ER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
U.				FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL		2					YES X ND	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., if arm, factory, street, office bldg.,		(If in Baltimore City, a	give exact location)	
2	210. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR		Y OCCUR?		
			m.	WHILE AT NOT WHILE AT WORK				
	22. I hereb	y certify that I at	tended the	deceased from 1-			, that I last saw the	
	deceased a	live on 11-13	,19/51.	and that death occur	rred at 2:30a m., from	the causes and on the	he date stated above.	
	23A. SIGNA	TURE SS. T	109	M. D.	4940 Eastern Ave	nue	23c. DATE SIGNED	
2. TI	4A. BURIAL, (S	CREMA- 24B. DATE	10	24C. NAME OF CEMETE	RY OR CREMATORY 240 L	LOCATION (City, town,	or county) (State)	
1	BURIA	1 1101.10,1	1951	HRDUIUS 1	"IEM. TARK I TIR	DUIUS,	/1/a ·	
L	OCAL REGIST	D BY REGISTRAR	S SIGNATI		Charles A	P. LAW - 80:	2 MACISON	
	VS 150		- 6				Ave-1	
						50	B	
		A CHARLES AND A STATE OF	August Mar			90	10	



4.60 1,9855

# CERTIFICATE OF DEATH

	pe or Print)		CHARLES	E		OF ///	2/51
	PLACE OF E	DEATH:	Un /i KUUS	•	4. USUAL RESIDENCE (Where de	EATH ecceased lived, If inst	itution: residence before admission)
B. F	ULL NAME	City, Maryland  OF (If not in hospits	al or institution, give street a	ddress or	MD.	D. GOORTT	Delote admission)
HO	SPITAL OR			ocation)	C. CITY OR TOWN (If outside	corporate limits, w	rite RURAL and give township)
	341	8 700 NE	5/.		3418 TOONE S	T. 10	(CONTINUE)
			O ANT THE TENTER	Yrs. Mos.	D. STREET ADDRESS (If rural, g	rive location)	ti- Colored
c.		stay in Baltimore		Days	BACTIMERE	MP.	
5,	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify)			r   Year   If Under 24 Hours   B Days   Hours   Min.
10	MI CO	W	WIDOWED		12/5/1877	73	
		of working life, even if retired)	108. KIND OF BUSINESS	USTRY	11. BIRTHPLACE (State or foreign co	ountry) 12	. CITIZEN OF WHAT COUNTRY?
A	KKEPAI	RING PENI	YA.R.R. RETIRE	D	CARROLL CO. N	1D. U.	SA
13.	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
1.5	CHH	KLES S	CHELLEB-		MARGARET	6LAS	5.5
(Yes	no or unknown)	ED EVER IN U. S. ARMEE			17. INFORMANT		RESS
		No			CAARLES E. SCHELLE	R 719 N.	
	18. /5	OXI	CA	USE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT	DIRECTLY	0 10	(0 500 00 - 0.101	16.0	6nos
	heart fail	s not mean the mode o ure, asthenia, etc. It mea	ns the disease,	1	CER OSOPHAL		67707
	injury or	complication which c	aused death.) DUE TO				Maria Caller
		ANTECEDENT CAUS	ES				E MELSIECE
S I		S OR CONDITIONS, I	F ANY, GIVING	***********		*************************	
Ĕ		THE ABOVE CAUSE (A)					
2			(C)			***************************************	
		11		- 110			
ERT		SIGNIFICANT CONDI					
Ü		DISEASE OR CONDITION		E 0055	ATION		1 20. AUTOPSY?
1	ISA. DATE	OF OPERATION 1	98. MAJOR FINDINGS O	OPER	ATION		YES NO
DICA	21A. ACCII	DENT WAS UNDER-	218. PLACE OF INJUR			altimore City, give	1
ED		R CONTRIBUTING	about home, farm, factory, street, o				
Σ		(Month) (Day) (Year)	(Hour) 21E. INJURY C	CCURR	ED 21F. HOW DID INJURY OCC	UR?	
	NJURY			OT WHILE			
	22. I herel	hu certify that I att	ended the deceased from	0.	2.2 8, 1951, to 2000	.13.19571	hat I last saw the
					red at 7.25 Am., from the cau		
	23K)SIGNA		1-		3B. ADDRESS		3c. DATE SIGNED
X		ames Will			zis. Auchland	use.	11/13/51
24 TIO	A. BURIAV. N. REMOVAL (	CREMA 248. DATE Specify)	24c. NAME OF	CEMETE	RY OR CREMATORY 240. LOCATI	ON (City, town, or	county) (State)
	BURI	AL 11/61	51 TAYLORS	014	E CEMT. TAYLOR	SVILLE	MD.
	TE RECEIVE	TRAR REGISTRAR	S SIGNATURE		25. FUNERAL DIRECTOR	A	DDRESS
10	V 1 5 19	51 Constitue	Fr Williams, 4,55		Clarence t. Hoffma	me 1639	Broadway
. 0	VS 150			17 1	- > //		
			55.	35	0		46a
			00				/

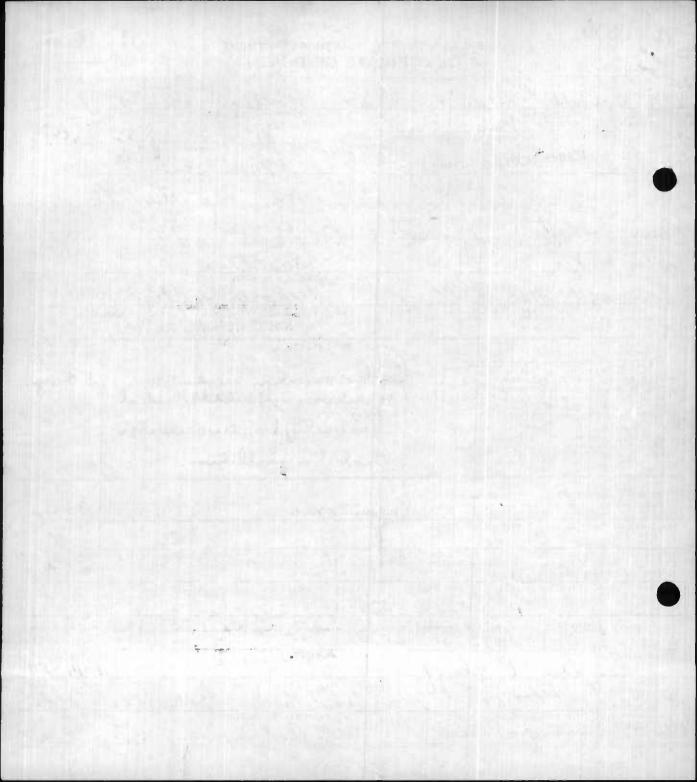


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED Type or Print Orchibald 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Actore admission) A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION township) mar (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE (In years | Il Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) assi USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF eduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Boiler Maker 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH enelyonas a (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO thromboais right mi injury or complication which caused death.) ANTECEDENT CAUSES l'arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION \_ | 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK 22. I hereby certify that I attended the deceased from 1/-/6-//-/4 - 1951, that I last saw the . 195/ to\_ 1951, and that death occurred at . Fr m., from the causes and on the date stated above. deceased alive on //-/ 23A. SIGNATURE REMOVAL (SIN

VS 150 50331

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

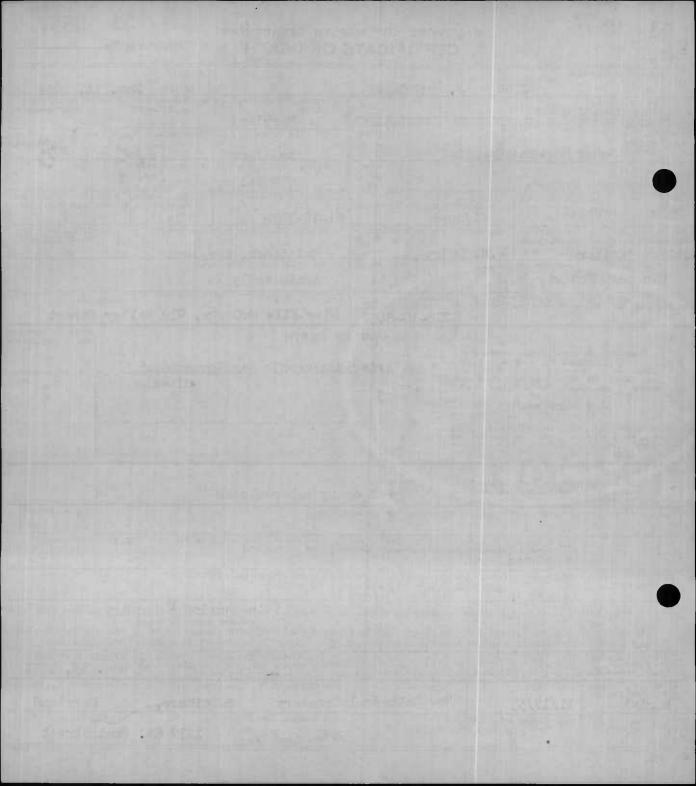


51.	9857	
26	3	
BIRTH NO.		

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9857

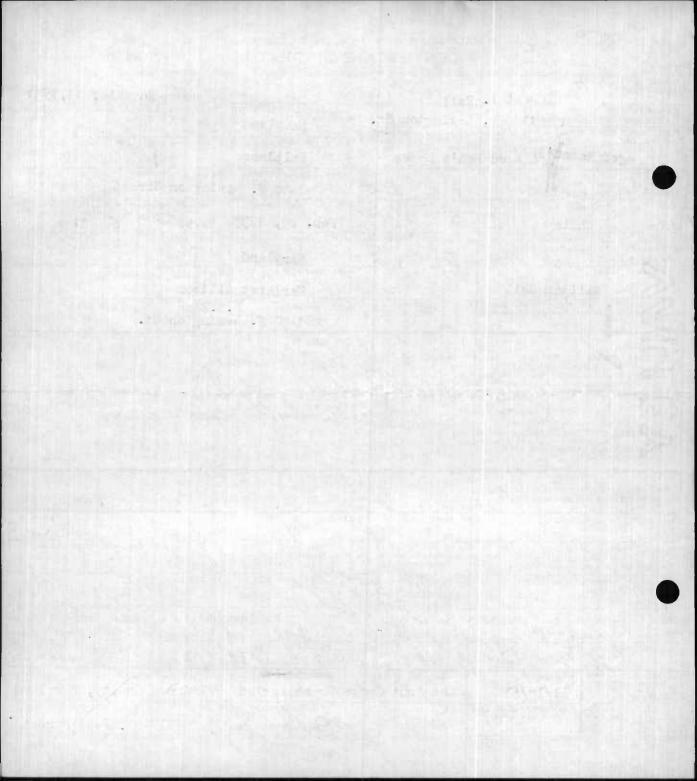
SIRTH NO.	
NAME OF DECEASED Type or Print) JOHN J. MCCART	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street additional local loc	dress or Maryland ccation) C. CITY OR TOWN (If outside corporate limits, write toulial and give
NSTITUTION	township)
Johns Hopkins Hospital	Yrs. D. STREET ADDRESS (If rural, give location)
7 7 7 7 1 1	Mos. Old Waller Street
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year   11 Under 24 Hours
Male White Widowed	(Specify) last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	
etired janitor W.M. Dairy	Baltimore, Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael McCarty	Annie Kelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY	17. INFORMANT ADDRESS
216-10-84	11/2 1777 1/ 0 1 070 17 27 0/ /
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	rteriosclerotic cardiovascular disease
TO THE DISEASE OR CONDITION CACSING II.	ulmonary tuberculosis
1 19a. DATE OF OPERATION   19a. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY7
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	(e.g., in or lice bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
	OT WHILE TOWN THE TOWN THE TOWN TOWN TOWN TOWN TOWN THE T
the evidence obtained by said Autopsy, Inspection	ribed above, held an inspection & inquirythereon and from Autopsy, Inspection or Inquiry on or Inquiry, find that said deceased died on the day stated above, eauses A accident , suicide , homicide , undetermined .  23B. CHIEF MEDICAL EXAMINER
Marley / V. Durleilie	M.D. MEDICAL INVESTIGATOR NOV. 15, 1951
burial 11/17/51 New Catheo	edral Cemetery Baltimore, Maryland
DATE RECEIVED BY REGISTER SEIGNATURE	Wm. Cook, Inc., 1217 St. Paul Street
V S 151	



0058

451 8	1858			OF DEATH	NT Registered	) L 3000
1. NAME OF DI (Type or Print)		A 1			2. DATE OF NOW	ember 13, 1951
3. PLACE OF DI A. Baltimore C B. FULL NAME	EATH: City, Maryland 140	t A. Hall  O W. Lexington al or institution, give stre		4. USUAL RESIDENCE A. STATE Maryland		
HOSPITAL OR		ged Men's Hom	location)	c. CITY OR TOWN Baltimore		hits, write RURAL and give
	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS	(If rural, give location exington Stre	et
5. SEX	6.COLDR OR RACE White	7. SINGLE, MARRIED WIDOWED, DIVOR WIDOWED		8. DATE OF BIRTH Feb. 25, 1855	9. AGE (in years last birthday)	Months Days Hours Min.
10A. USUAL OCTOR door door door during most of the sual of the sua	working life, even if retired)	Home for a	920	11. BIRTHPLACE (State  Maryland  14. MOTHER'S MAIDE		12. CITIZEN OF WHAT COUNTRY
	William Hal	1	1101-4-4	Margaret	Allison	
15. WAS DECEASE Yes, no or uoknowo)	D EVER IN U.S. ARME (If yes, give war or date		AL IRITY ND.		.H.Read exington St.	ADDRESS
(This does heart failu injury or DISEASES RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which of the complication complication is considered.  It is a consistent to the complete	TH of dying, e.g., Ins the disease, caused death.)  OUE T  SES  F ANY, GIVING STATING THE IST.  (C)	o Ari	tral Hemone tevorelesatu		ian 24/lus
TRIBUTING	TO THE OEATH, BUT	CAUSING IT				l 20. AUTOPSY?
A	OF OPERATION O	19B. MAJOR FINDING	5 OF OPERA	TION		YES NO
	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF IN- about home, farm, factory, at			(If in Baltimore Cit	y, give exact location)
TIME (	(Month) (Day) (Year	(Hour) 21E. 1NJUE	NOT WHILE	21F. HOW DID IN	JURY OCCUR?	
deceased al	live on Ingle	tended the deceased, 195/_ and that	deatK6ccurr	ed at 11. 11 m., fre	n the causes and or	I, that I last saw the the date stated above
23A. SIGNA	elveaus a	Lovered Day	1 м. о.	4-8-33 N S	+ 18	Woreston V, 198 wn, or eounty) (State)
Burial Burial	11/16/	Chestn	of CEMETER ut Grove	Presbyterian	Baltimore Co	ounty, Maryland
DATE RECEIVE	RAR REGISTAAR	LEIGHTURE		Hm. Cook, In		ADDRESS - Paul Street
VS 150			(1- 0-0		2	el a

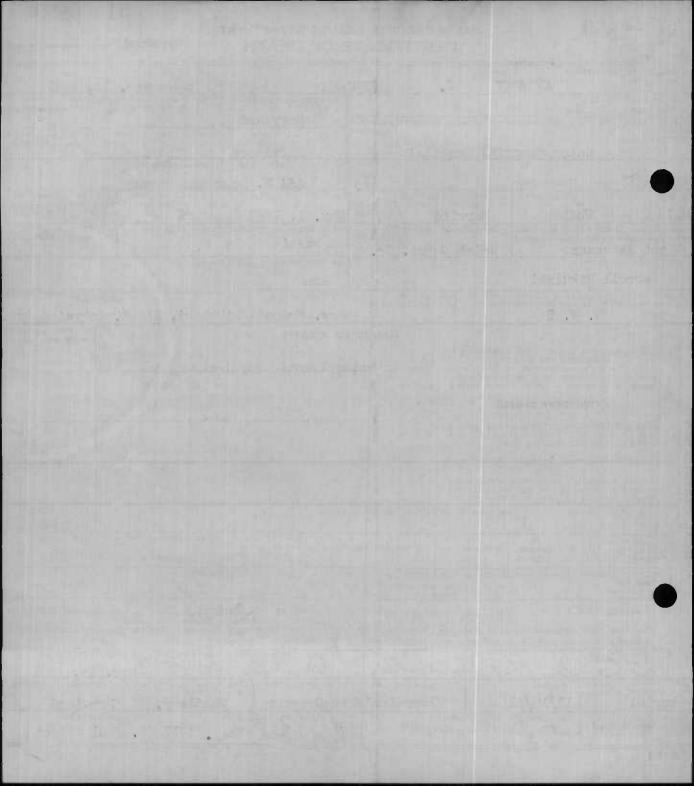
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## BALTIMORE CITY HEALTH DEPARTMENT

51 9859

BIRTH NO.		CERTIFICATI	E OF DEATH	8	
1. NAME OF DECEASED		HATTER THE		2. DATE	
(Type or Print) ANTHO	YNC	J. MIKUI	LSKI	DEATH NOV.	14. 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, I B. COUNTY	f institution : residence before admission
	tal or institut	ion, give street address or	Maryland		
HOSPITAL OR INSTITUTION		Iocation)	c. CITY OR TOWN	If outside corporate limi	its, write RURAL and give
Union Memo	orial Ho	spital	Baltimore	16	
		Yrs. Mos.	D. STREET ADDRESS (	If rural, give location)	
c. I th of stay in Baltimore		Days	454 E. Lor	raine Avenue	
5. SEX 6. COLOR DR RACE		MARRIED, (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours onths; Days   Hours   Min.
Male White	Marr		Nov. 1. 1887	64	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
rork done during most of working life, even if retired Night Watchman		Const. Co.	Russia		WHAT COUNTRY
13. FATHER'S NAME	I MOTBII	OOIDO GO.	14. MOTHER'S MAIDEN	NAME	
Carroll Mikulski			Anna		
15. WAS DECEASED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL			
(Yes, no or unknown) (If yes, give war or dat	les of service)	SECURITY NO.	17. INFORMANT		ADDRESS
yes   W. W. I			Mrs. Frances Mi	kulski, 454 E	. Lorraine Ave
18. 4221		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION					
LEADING TO DE. (This does not mean the mode	ATH of dying, e. :	. (A) Arteri	osclerotic cardi	ovascular	
heart failure, asthenia, etc. It me injury or complication which		ie,		disease	
		.,		arbeabe	
ANTECEDENT CAL	JSES				
DISEASES OR CONDITIONS.	IF ANY, GIVIN	(B)	***************************************		
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I		HE DUE TD			
CA		(C)			
OI J					
OTHER SIGNIFICANT CONE					
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION					
O 19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
7					YES X NO
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB UTING   CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
OF INJURY	m.	WHILE AT WORK AT WORK			
Tanadis Abad Tanab I			1 1 .1 1 022	tanger	A1
$\frac{22}{2}$ . I certify that I took cho			Autopsy	topsy v, Inspection or Inquiry	thereon and from
the evidence obtained by	said Auto	psy, Inspection or l	Inquiry, find that said	deceased died on t	he day stated above
and death in my opinion	resulted f	rom: natural causes			
23A. SIGNATURE	-De	Maslery		ATOR NO	
TION, REMOVAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State)
burial   11/19/5	1	Lorraine Pa		Woodlawn,	Maryland /
DATE RECEIVED BY   REGISTRAE	'S SIGNATL		WIN OCH IN	2	ADDRESS Paul Street
			100001		
V S 151					000

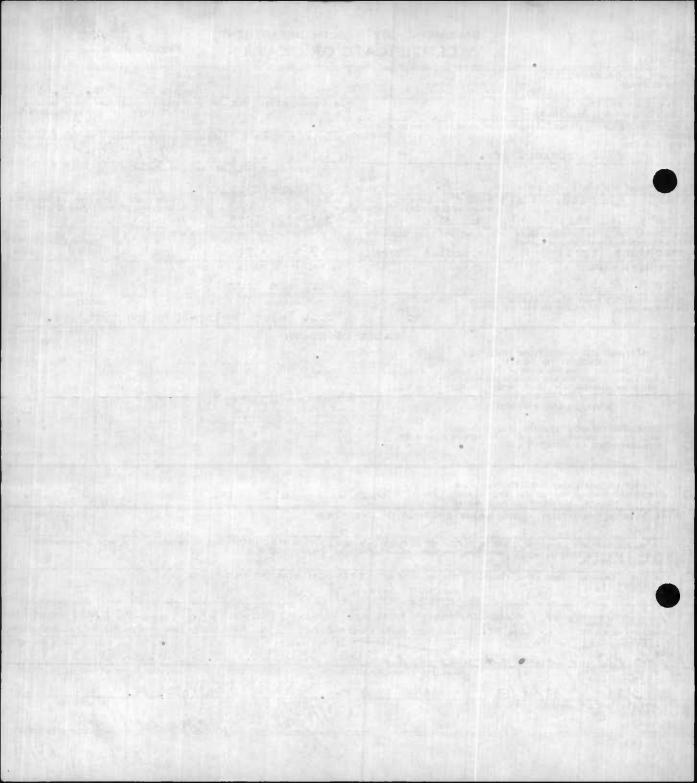


37 .0000		- DA	CEDT		OF DEATH		Registere	dNo	389	(1
IRTH NO.			CERI	IFICATE	OF DEATH	1	Registere	u 110		
. NAME OF DECEASE Type or Print)		OMAS	JAMES	MC NULT	Y	2	. DATE OF DEATH NOV	ember	. 13.	1951
. PLACE OF DEATH:	anviland				4. USUAL RESIDEN	ICE (When	e deceased lived		ution: re	esidence
. Baltimore City, M		al or institu	tion, give str	eet address or	A. STATE Mary	land	B. COUNTY		before	admission)
OSPITAL OR NSTITUTION				location)	C. CITY OR TOWN		side corperate li	mits, with	te IMIRA	AL and give
Lu	theran H	ospital	l		Balti		16	-0	1	township
				Yrs.	D. STREET ADDRES	S (If rura	l, give location)			
th of stay in	Baltimore			Mos. Days	1251 Be	ntalou	Street			
. SEX 6. COL	OR DR RACE		E. MARRIE		8. DATE OF BIRTH		AGE (In years		Year It	Under 24 Hours
	ite	si	ngle	RCED (Specify)	Dec. 13, 189	7	last birthday) 53	Months	Days H	ours Min.
OA. USUAL, OCCUPATI	ON (Give kind of	10B. KINI	OF BUSI		11. BIRTHPLACE (Sta		n country)		CITIZEN	
elevator op	erator	Offic	e Bldg.	INDUSTRY	Maryland			\ \	VHAT	COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAID	DEN NAME		1		
James McNul	ty				Eliz. Lynch					
5. WAS DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCI		17. INFORMANT			ADDRE	cc	
yes (If yes	give war or date orld War	II	21 4-2	3 <u>-1398</u>	Mrs. Wm. Me	yers-l	251 Benta			
(This does not me heart failure, asthe injury or complic	NG TO DEA' an the mode onia, etc. It mea	TH  If dying, e.  ns the diseas  ausod deatl	g., (A) se, n.) DUE	***************************************	turate intoxi	ication	1			
DISEASES OR CC RISE TO THE ABDY UNDERLYING CC	VE CAUSE (A) ONDITION LA	STATING T	HE DUE							
TRIBUTING TO THE										
19A. DATE OF OPER				S OF OPERA	TION				20. AU	TOPSY?
									YES	ND X
21A. EXTERNAL CAL	JSE WAS			JURY (e. g., in reet, office hldg., et		(If in	Baltimore City	, give ex	cact loca	ation)
UTING   CAUSE			Home		506 N. Lot		venue		201	7
21D. TIME (Month) OF INJURY	(Day) (Year)	(Hour)	21E. INJUF	Y OCCURRE	D 21F. HOW DID II	NJURY O	CUR?			1
Ind: Nov.	13, 1951	2:30P	WHILE AT	NOT WHILE	Ingestion	of ba:	rbiturate			
22. I certify that					ove, held an Inspe				reon	and from
the evidence of	btained by	said Auto	psy, Insp	ection or In	Aut quiry, find that so	topsy, Inspaid decea	ection or Inquir	the day	u state	ed above.
23A. SIGNATURE	1) Source	5		M.1	ASSISTANT MEDI MEDICAL INVEST	ICAL EXA	MINER 💢	Nov.	TE SIG	NED 1951
4A. BURIAL, CREMA- ON, REMOVAL (Specify)	2/48/. DATE	0	24c. NAME	OF CEMETER			TION (City, tov	n, or cou	inty)	(State)
Burial .	11/16/51		Balto	. Nation	al Cem.	Balto	Md.		0	
ATE RECEIVED BY	REGISTRARES		RE	e	FUNERAL DIREC	TOP	lone	YX	RESS	
S 151 N - 9	71.0			761	74 01.	79 B	Satto	17,"	m	de

Ilm J. Fielone Y down

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF FLORENCE HILL Nov. 15, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland 3205 Reuckert Md . (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 3205 Reuckert Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 27 yrs. th of stay in Baltimore 3205 Rueckert Days 9. AGE (In years | Under | Year | H Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) female white Single July 12, 1873 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Deaconess rtd Methodist Church North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John R. Hill Mary Ann Harrell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Yes, no or auknown) SECURITY NO Mrs. Helen Taylor-3205 Rueckert Ave. no no INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Hemorrhage davs (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerosis unknown CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-Chronic Gastritis 19 yrs. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION MEDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Nov. 7th. , 1951, to Nov. 15th, 1951 that I last saw the deceased alive on Nov. 14th. 51 and that death occurred at 2:15 Am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 401 E. 25th. St. Balto.Md. 124C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 246. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) Cedar Hill Cem Removal 25 FUNERAL DIRECTOR DATE RECLIVED BY REGISTRAR'S SIGNATURE / Milianila, Har

VS 150



Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MODRE, OF DEATH NOV. 13, 1951 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland BALTIMORE, Md. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RULAL and give INSTITUTION township) Home for Incuantles - 700 W. 40th. Jallimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 47 yes. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 1865 Single 86 cus. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? PRACTICAL NURSE none 13. FATHER'S NAME PATRICK Henry OORE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yos, no or unknown) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. NO Koss tou Incurables 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) perlevan Cardio Vascular dhum ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY 22. I hereby certify that I attended the deceased from ot 17 1949, to horante 13, 1951, that I last saw the deceased alive on Lor. 13 1951, and that death occurred at 12 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify Woodlawn Cem. Woodlawn, Md. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES smith elon / Huanis, 1503.

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

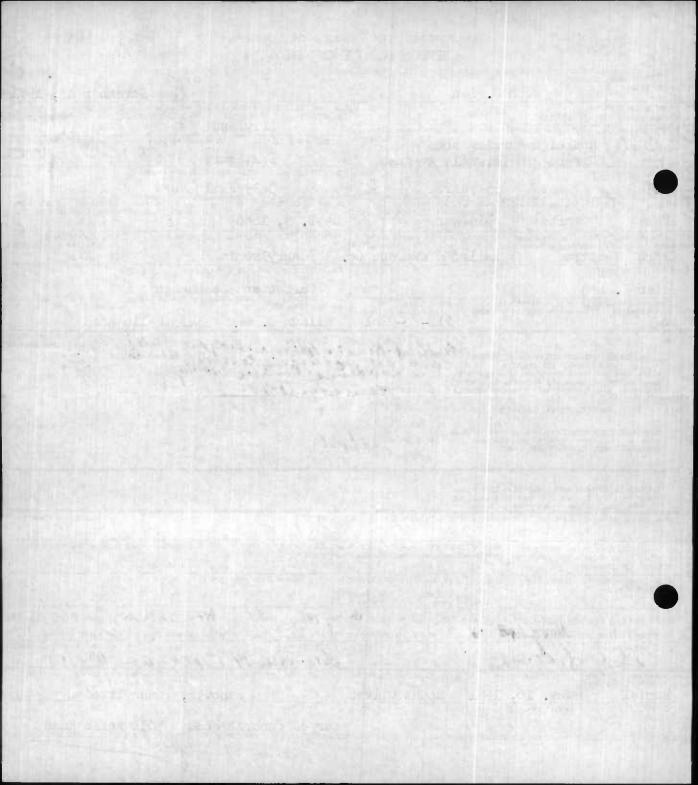
51 9833

RTH NO.			CERTIFICA	TE OF DEATH	Registered	l No
NAME OF DI	ECEASED	TADA E	STARKEY	, A	2. DATE	12 1051
ype or Print)	C	LAKA E.	, SIARREI		DEATH	. 13, 1951
PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (VA. STATE	Where deceased lived, B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR TUSCANY Apts.				outside corporatedir	nits, write RURAL and give	
STITUTION	221 Stoney		ane	Baltimore	12	- ( township)
The of st	tay in Baltimore		Yr Mo	5.		
SEX	6. COLOR OR RACE	7. SINGL	Da E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	
emale	white	WIDOW	ved, divorced (Spec dowed	Aug. 1. 1877	last birthday)	Months Days Hours Min.
A. USUAL OC	CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
done during most o	working life, even if retired)		INDUST			WHAT COUNTRY?
. FATHER'S N			at home	Maryland 14. MOTHER'S MAIDEN N	AME	
Gil	es O'Brien			Emma Sandler		
. WAS DECEASE	D EVER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT		ADDRESBalto. 10
-			- 3200111111	Mrs. W. Stuart	Polk-221 St	
18. 58	71.0		CAUS	E OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION			2 / /		
	not mean the mode ore, asthenia, etc. It mea	f dying, e. :	g., (A)	irrhusis of h		2/21
injury or	complication which	aused dcatl	b.) DUE TO	1/as	cular Dir.	( use
ANTECEDENT CAUSES (B) Arberioscherotic Caretien 1/1.						
DISEASES OR CONDITIONS, IF ANY, GIVING						
	HE ABOVE CAUSE (A)					
	Branco Valva		(C)			
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED			
			FINDINGS OF O	PERATION		20. AUTOPSY?
						YES NO
	ENT WAS UNDER-	218. PL.	ACE OF INJURY (e. farm, factory, street, office bl		If in Baltimore Cit	y, give exact location)
210. TIME (	(Month) (Day) (Year	(Hour)	21E. INJURY OCCU	RRED 21F. HOW DID INJUR	Y OCCUR?	
NJURY		m.	WHILE AT NOT WH			
22. I hereb	u certify that I at			Totaler 27 , 1946, to 1	lovenber , 18	51, that I last saw the
deceased at	live on 11.72	, 19 6 /	and that death oc	curred at 7:20 m., from	the causes and or	the date stated above.
		0		238. ADDRESS	C	23C. DATE SIGNED
	0.00	yun	M. D.	TERY OR CREMATORY 24D. L	OCATION (City, to	wn, or county) (State)
AA. BURIAL, C ON, REMOVAL (S Burial			Green Moi		ltg., Md.	wii, or county) (State)
ATE RECEIVE	D BY   REGISTRAR			25. EUNERAL DIRECTOR	of ma.	ADDRESS
OGAL REGISTRAR Juntuster Museus, 12 2/m. J. Vinhous & Sms				1 y xms		
VS 150	VS 150					
				1)2	4 13100	no im.

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

000 BALTIMORE CITY HE					
CERTIFICATE	- OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) John S. Lau	2. DATE OF DEATH November 13, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland				
HOSPITAL OR INSTITUTION Ardleigh Nursing Home	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Girard and Parkdale Avenues	Baltimore J J J J J J J J J J J J J J J J J J J				
Yrs. Mos.	3433 Falls Road				
c. Legth of stay in Baltimore 55 years Days  5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.	8 DATE OF BIRTH   9 AGE (In years) If linder I Year   If linder 24 Hours				
Male White Widower (Specify)	Sept. 5, 1866   last hirthday)   Months Days   Hours Min.				
10A. USUAL OCCUPATION (Give kind of or or k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY				
Clerk Retired   Railroad Express Co					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Peter H. Lau	Christiana Stambaugh				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  NO 16. SOCIAL SECURITY NO. 212-20-9281	Wilson B. Lau 3433 Falls Road				
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING	or linguis; Cerebral Edoubs. 39/w.				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldge					
2 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from the political politics on the deceased alive on the date stated above.					
23A. SIGNATURE LICEL - M.D. 2	36. ADDRESS 236. DATE SIGNED				
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Nov. 16, 1951 Mount Olivet					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Burgee, Funeral Home 3631 Falls Road				
VS 150	Horace F. Durgee 131a				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nov. 14, 1951 WALTER PRICE AMBROSE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Warvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR V.S. Public Health Service location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Hospital Wyman Pk. Drive & 31 st St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 60 years 3849 Roland Avenue Days 6. COLOR OR RACE 5. SFX 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 8/16/88 Wide 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rock done during most of working life, even if retired)
Real estate Salesman INDUSTRY WHAT COUNTRY? Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William P. Ambrose Phoebe Cox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 216-18-9736 - USA WWI Yes Records- US PHS HOSPITAL, BALTO, MD. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the left lung with Unknown (This does not mean the mode of dying, e.g., heart fuilure, asthenia, etc. It means the disease, DUE TO spread to mediastinum, heart and injury or complication which caused death.) adrenal s. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE 22. I hereby certify that I attended the deceased from Nov. 7 , 19 51 to Nov. 14 , 19 51 that I last saw the deceased alive on Nov. 14, 19 51, and that death occurred at 2210Am., from the causes and on the date stated above. 23A. SIGNATURE 23a. ADDRESS 23c. DATE SIGNED R.Raymond Green, US PHS HOSPITAL BALTO, MD. AA. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Burial Nov. 16, 1951 St. Mary's (Hampden) Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

Horace F.A 47074

Burgee, Funeral Home 3631 Falls Road

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3. PLACE OF DEATH:

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

WALKER

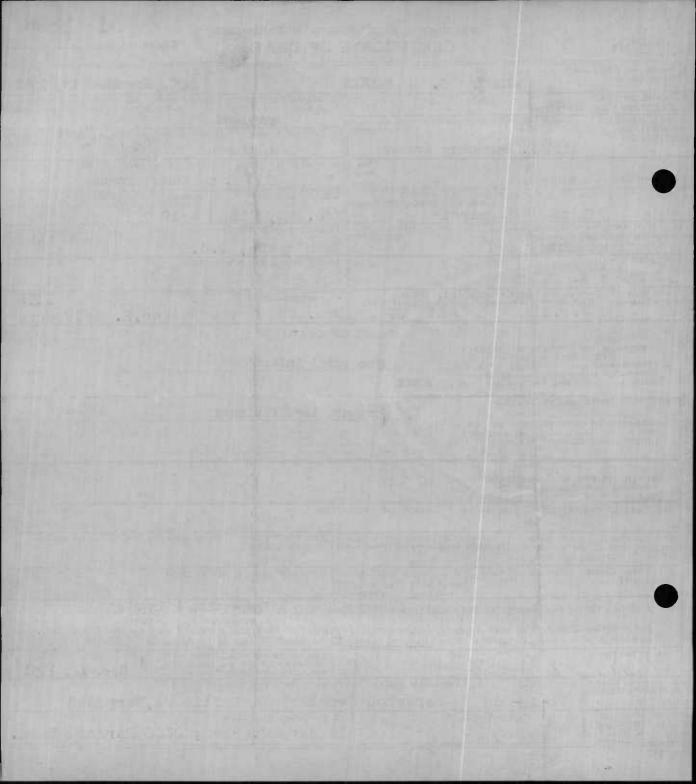
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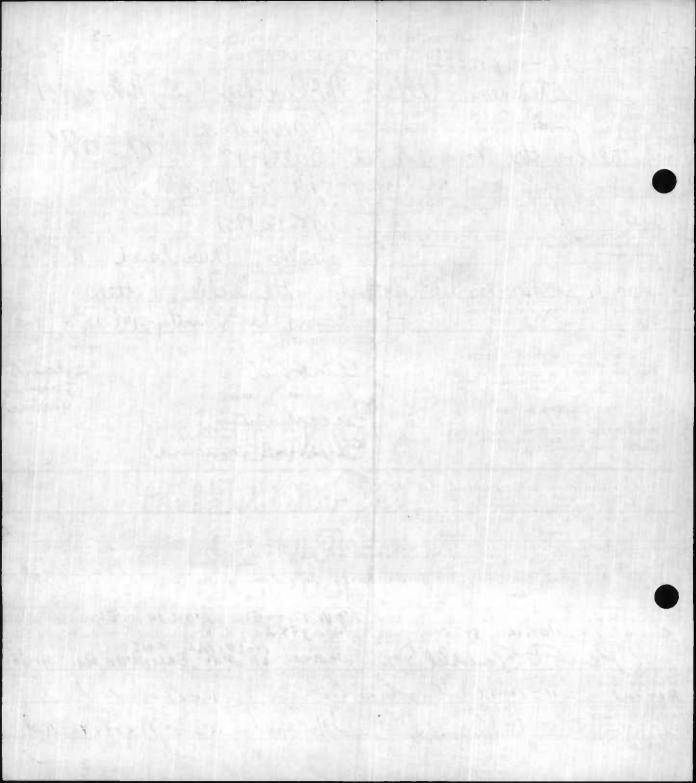
51 Registered No.

2. DATE OF DEATH November 13, 1951

	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; resident A. STATE B. COUNTY before adm	nee
	FULL NAME	OF If not in hospit	tal or institut	tion, give street address or	Maryland	
11	STITUTION			location)	(If outside corporate limits, write RURAL ar	nd give
		1119 E.	Belvede	re Avenue	Baltimore	nship)
				Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	
C.	rth of s	tay in Baltimore		Days	1119 E. Belvedere Avenue	
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Ender I Year last birthday) Months: Days Hours	24 Hours
	Male	White		ried	Feb. 20.1912   39   Months Days Hours	Min.
10	A. USUAL OC	CUPATION (Givakinder	I IOP KINE	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   112 CITIZEN OF	
vor)	St.aff	of working life, even if retired) Ord Hotel		INDUSTRY	WHAT COUN	VTRY
13	FATHER'S		7 40		Washington, D.C.  14. MOTHER'S MAIDEN NAME	
	? Tome	es A. Walke	20			
1 6					Mary Lee	
(Ye	, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS II	19
y	es	W.W.11		577 099070	Mrs. Charlotte walker, E. Belveder	20
	18.	01			OF DEATH	
ı	DISEA	SE OR CONDITION	DIRECTLY	CAUSE	ONSET ANO	
		LEADING TO DEAT	TH	Maroon	rdial infarct	
	neart lallu	s not mean the mode oure, asthonia, etc. It mes	and the disease		ITUIAL INTAICO	
8	injury or	complication which	caused death	a.) <b>3006</b>		
п		ANTECEDENT CAUS	SES			
,	DICE:			(B) Coron	ary insufficiency	
5	RISE TO T	S OR CONDITIONS, I	STATING TH	IG IE DUE TO		
-	UNDERLY	TING CONDITION LA	AST.	(C)		
ان				(0)		Carl Carlotte
<u>-</u>	OTHER	IGNIFICANT CONDI	TIONS SOL			
۲  ۲	TRIBUTING	TO THE OEATH, BUT	NOT RELATE	D		
4		SEASE OR CONDITION		The second liverage in		
	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	20.70101	
4			1 01- 01-	CE OF HILLIAM (		o X
ב ב	UNDERLYING	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, f	ACE OF INJURY (e. g., ir arm,factory,atreet,office bldg.,e	in or 21C. WHERE DID (If in Baltimore City, give exact location)	
ΞĮ.		Month) (Day) (Year)	(Hours) L	21E. INJURY OCCURRE	ED OLE HOW DID IN HUNDY COURT	
	OF INJURY	(-4,7)		WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?	
			m.	WORK AT WORK		
П	22. I certif	y that I took char	ge of the	remains described a	above, held an Inspection & Inquiry thereon and	from
Н					Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated a	
Н	and dec	ath in my opinion	resulted f	rom: natural causes	$\mathbf{x}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$	pove,
	23A. SIGNAT	URE	/\/		238 CHIFF MEDICAL EXAMINER DI 230 DATE SIGNED	
	1150	in 11 dos	1121	M		7
24	A. BURIAL. C N, REMOVAL (S	REMA- 248. DATE	- Dz	4c. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (SI	ate)
	n, removal (S) Burial	11-16-		Parkwood C		,
_	TE RECEIVED	BY LEEGISTRAP				
40	CAL REGISTE	RAR PLAN.	- MI	THE STATE OF THE S		3
A	11 1 2 19	01	r. Mallis	latter as a	Leonard J. Ruck, 5305 Harford Roa	d.
V.	S 151	200		11100	S. C. C.	1
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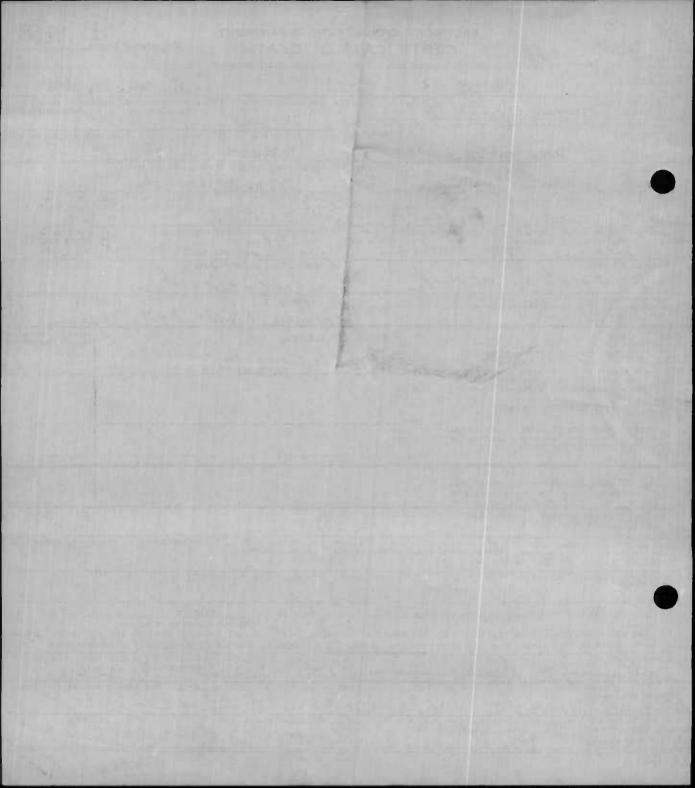


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	BALTIMORE CITY HEALTH DEPARTMENT 51	G0.0F1
5	STATH NO SERVIFICATE OF DEATH Registered No.	385/
1. (T	1. NAME OF DECEASED Stephen allen Mc Carthy 2. DATE OF DEATH W. 14	1951
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUNTY  B. COUNTY	tution : residence before admission
1	B. FULL NAME OF If not in hospital or institution, give street address or location COTY OR TOWN (If outside corporate limits, we location)	ite RAL and give
17	Tospital for the Women of md   3 alte- 18 9-0	township
c.	c. Egth of stay in Baltimore 2 days - 3 les - 4 1/1/Mos. 5/9 6-22 nd 3/1.	
5.	S. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under last birthday) Months	
10	170aa   VI	2 3 4
rorl	ork done during most of working life, even if retired INDUSTRY Dalto- Maruland	CITIZEN OF WHAT COUNTRY
15	19. FATHER'S NAME DAME DAME	50, 0, 11
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	)
(Ye	Yes, no or unknown) (If yes, sive yer or dates of service) SECURITY NO. 1817. INFORMANT Chas. The Cartly -519 8-23	ESF Balton
	/ 60 0 1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 dans
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	3 1
	ANTECEDENT CAUSES	4min.
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	
ZAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C) CONDITION LAST.	
IFIC		
ERT	OTHER SIGNIFICANT CONDITIONS CON-	
U	TO THE DISEASE OR CONDITION CAUSING IT.	
0.1	, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., io or lying or lying) About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	YES NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	YES NO
Ш	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE METERS AT WORK  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)	YES NO
Ш	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) INJURY  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?)  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?)  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?)  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?)	exact location)  at I last saw th
Ш	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e.g., io or LYING OR CONTRIBUTING) about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED NOT WHILE AT WORK NOT	exact location)  at I last saw th ate stated above
ME	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e.g., io or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give in the line of the line	exact location)  at I last saw the ate stated above according to the state of the s
₩ ₩	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e.g., io or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give Injury OCCUR?  21c. INJURY OCCUR?  21d. HOW DID INJURY OCCUR?  22d. A BURIAT. CREMA- 24d. HOW DID INJURY OCCUR?  22d. A BURIAT. CREMA- 24d. DOCATION (City, town, or country of the country of	exact location)  at I last saw the ate stated above according to the state of the s
24 TIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, give in June 19 and the factory about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, give in June 19 and the factory about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, give in June 19 and in June	exact location)  at I last saw the ate stated above according to the state of the s
24 TIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (INJURY OCCUR?  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (INJURY OCCUR?  21c. WHERE DID (INJURY OCCUR?  21c. WHERE DID (IF in Baltimore City, give INJURY OCCUR?  21c. WHERE DID (INJURY	exact location)  at I last saw the ate stated above ounty) (State)
24 TIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, give in June 19 and the factory, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, give in June 19 and the factory, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, give in June 19 and the factory, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, street, office bldg., etc.) LYING OR CONTRIBUTION (If in Baltimore City, street, office bldg., etc.) LYING OR CONTRIBUTION (IN JUNE 19 and the factory, street, office bldg., etc.) LYING OR CONTRIBUTION (IN JUNE 19 and the factory, street, office bldg., etc.) LYING OR CONTRIBUTION (IN JUNE 19 and the factory, street, office bldg., etc.) LYING OR CO	exact location)  at I last saw the ate stated above ounty) (State)



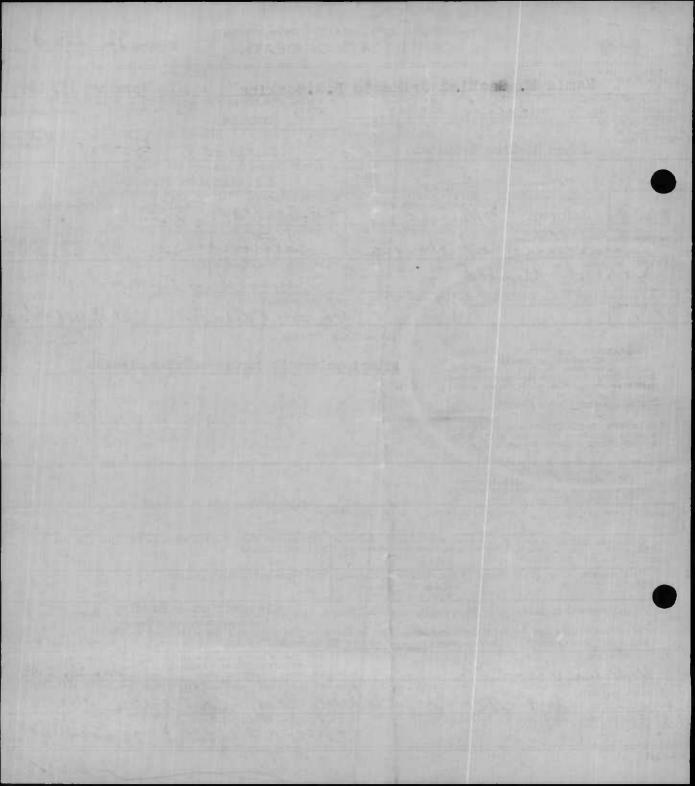
51 9868 CERTIFICAT	EALTH DEPARTMENT 51 9868 E OF DEATH Registered No.
NAME OF DECEASED Type or Print)  CHARLES  WO	ODS   2. DATE   OF   DEATH NOV. 13, 1951
B. PLACE OF DEATH: A. Baltimore City, Maryland Balto, Cety	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give strest address or HOSPITAL OR Location) NSTITUTION Johns Hopkins Hospital	
th of stay in Baltimore  Life  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  117 N. Madiera Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Note:  No	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Wool	Helma Woods
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Theoremant Woods 117 M. Madeira. At
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	OF DEATH  Stitial pneumonitis
19a. Date of Operation   19b. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?   YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21b. PLACE OF INJURY (e. g., i about home, farm, factory, at reet, office bldg.,	etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  m. WHILE AT NOT WHILE AT WORK	
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, s [X], accident [], suicide [], homicide [], undetermined [].
IT la & No e eleca	ASSISTANT MEDICAL EXAMINER 11-13-51
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	Deru Brooklyn vill
NOV 151951	Choyo, Wilson Woo Beauty up
V S 151	114E 0

V S 151



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 9869

BÎRTH NO.	LOIDEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
mamie M. Gaskins OriMamie	B. G. Gaskins DEATH November 13, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto, City,	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF f not in hospital or institution, give street address or	Maryland
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Johns Hopkins Hospital	Baltimore 5 0/ township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. The of stay in Baltimore Days	211 Aisquith Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	9. AGE (In years   16 Under 24 Hours   Months; Days   Hours   Min.
Female   Colored   Mauriel	an. 30, 1909 assorbany months Days mours min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF, BUSTNESS OR ork dene during most of working life, even if retired)	1. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF
Housewife of Home	Ballimore WHA COUNTRY
13. FATHER'S NAME  Bunk	14. MOTHER'S MAIDEN NAME
A	Emma Bundy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 19. SOCIAL Yes, no or maknown) (If yes, give war or dates of service) SECURITY NO.	MINFORMANT ADDRESS
20	thomas Respons 211 N. asquel V
18. Was I . CAUSE C	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	sclerotic cardiovascular disease
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?
	YES NO X
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in under the state of the stat	or   21c. WHERE DID (If in Raltimore City give exact location)
UNDERLYING OR CONTRIB.   about home, farm, factory, street, office bldg., et   UTING CAUSE OF DEATH.	injury occur?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK	
The state of the s	bove, held an Inspection & Inquiry thereon and from
	Autoney Inspection or Inquiry
and death in my oninion resulted from natural causes	nquiry, find that said deceased died on the day stated above, $\mathbb{Z}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SJGNATURE	238. CHIEF MEDICAL EXAMINER
William V XxxXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ASSISTANT MEDICAL EXAMINER
244. BURIAL CREMA- 248. DATE 24C. NAME OF CEMETER	
Burel 11-16-150 Mh Call	un Cens Bullmore mix
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. UNERAL DIRECTOR / ADDRESS
OCAL REGISTRAR	Though De Wilson I may Bushly my
V S 151	1
A TOTAL STREET	920



5	1-5
540	9870
and within	(XC) A.

1. NAME OF DECEASED (Type or Print)

BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Ross

51 9870

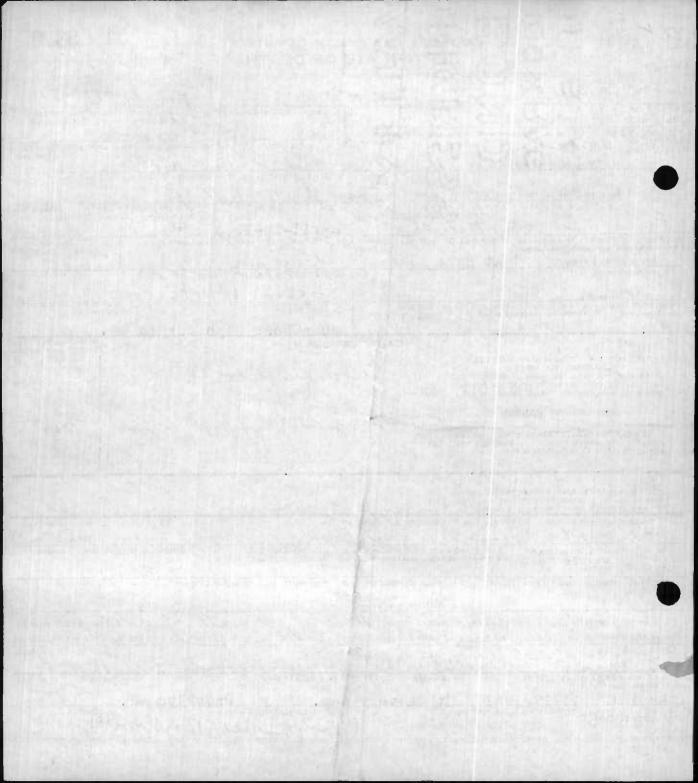
11-10-51

Registered No.

2. DATE.

DEATH

1 1 1 1 1 1 1 1 1 1	/ DEATH				
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence			
B. FULL NAME OF (If not in hospital or institution, give street address or		before admission)			
HOSPITAL OR University Hospital location)	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give			
Redwood + Lombard Sts	Gleu Burnie	township)			
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore UNK-now m Days	R+1 B0x119	000			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		ides 1 Year   If Under 24 Hours			
WIDOWED, DIVORCED (Specify)	last birthday) Mont	hs Days Hours Min.			
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	77 D7 T7 T0 T T O O O	O CITIZEN OF			
ork done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY:			
13. FATHER'S NAME	Virginia	45			
	14. MOTHER'S MAIDEN NAME				
UNK-nown	Lydia White				
15 WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADI	DRESS			
No SECONTI NO.	John Ross Glen Burnie Md				
18. CAUSE C	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
(This does not mean the mode of dying, e.g.,	- O - O - O	TON LEGI			
heart failure, asthenia, etc. It means the disease.					
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	0 0011 0:0.011	_0			
DISEASES OR CONDITIONS, IF ANY, GIVING	egulated Umbelical Hernin	5 days			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CON.					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
11-10-51 Gangrenous Small,	Bowel	YES NO			
21A. ACCIDENT WAS UNDER.   218 PLACE OF INJURY (e. s., in or   21C. WHERE DID (If in Baltimore City, give exact location)					
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	(tc.) INJURY OCCUR?				
TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?				
NJURY WHILE AT NOT WHILE					
m.   WORK L AT WORK L					
	-9, 1951, to 11-10, 1951,	that I last saw the			
	red at 2:20Am., from the causes and on the	date stated above.			
23A. SIGNATURE	3B. ADDRESS	23c. DATE SIGNED			
Colward of huits of M.D.	mereouty / tochilas	11-10-57			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER 10N, REMOVAL (Specify)	RY OR CREMATORY 24D/LOCATION (City, town, or	county) (State)			
Burial 11/17/1951 Mt Calvery	Cem. Brooklyn Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Though Wilson Ivo Bund	DDRESS			
- Thursday I wanted	Though Wilson Iva Brund	they are			
VS 150					
150		1000			
		1 challe			



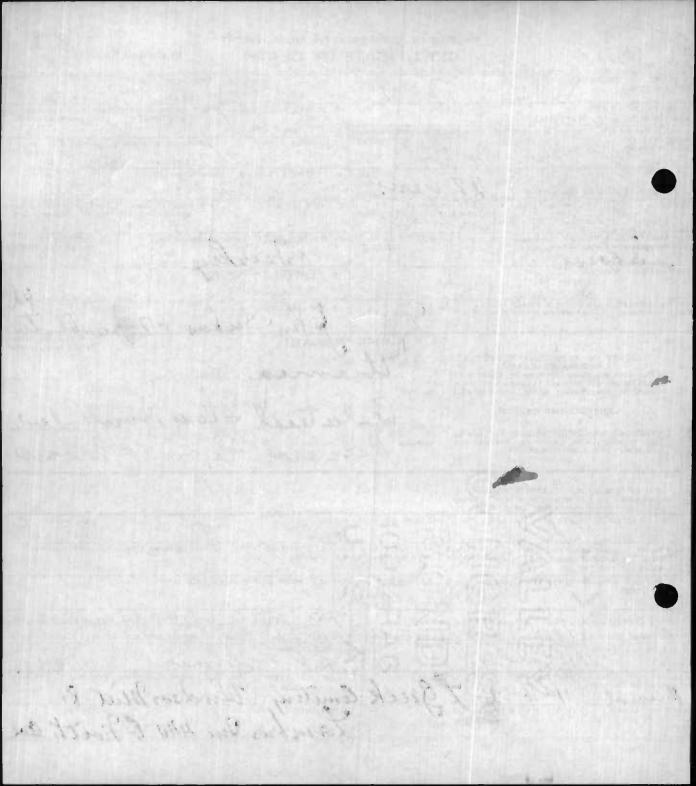
(Type or Print)

1. NAME OF DECEASED

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9871
Registered No.
2. DATE OF DEATH //-/4-/95-/
nere deceased lived. If institution: residence B. COUNTY  before admission)
outside corporate limit, write RUKAL and give township)
Plug pt
9. AGE (A years I Under I Year I Under 24 Hours I Min.
pign country) 12. CITIZEN OF WHAT COUNTRY?
19.1
as 617 houlden los
INTERVAL BETWEEN ONSET AND DEATH

3. PLACE OF DEATH: 4. USUAL RESIDENCE (W A. Baltimore City, Maryland A. STATE man B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN INSTITUTION Yrs. A CTREET ADDRESS Mos. c. Longth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORGED (Specify) male 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or for 10s. KIND OF BUSINESS OR ork doraduring most of forking life, even if retired) INDUSTRY chares 13. TATHER'S NAME IA MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If you give war or dates of service) SECURITY NO. 18. DEATH 6000 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., is or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE 22. I hereby certify that I attended the deceased from : 19\$ 1, to , 195 1, that I last saw the 19 St. and that death occurred at 523 deceased alive on 11/14 m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED AD. LQCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE 240 NAME OF CEMETERY OR CREMATORY REGISTRAR'S SIGNATURE RECEIVED BY OCAL REGISTRAR



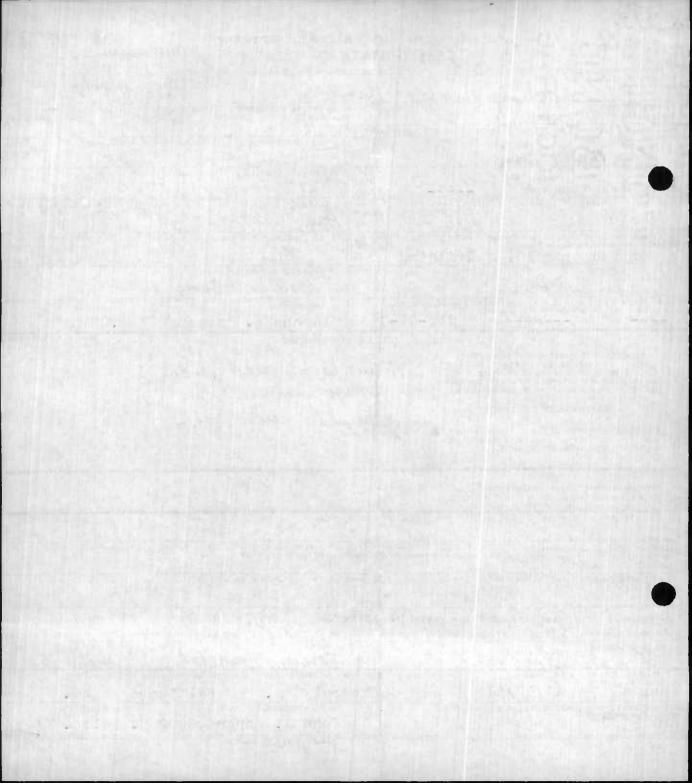
51 9872

BALIMORE	CITT	HEALIH	DEFARIME
CERTI	FICA	TE OF	DEATH

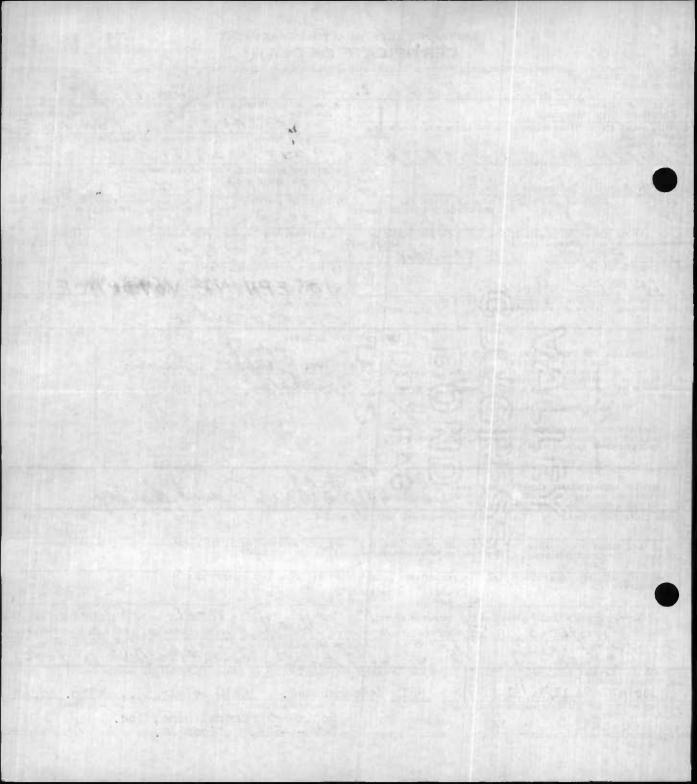
CEPTIFICAT	FOF DEATH Registered No	
BIRTH NO.	E OF DEATH Registered No	
NAME OF DECEASED Type or Print) Charles Thomas Fars	2. DATE OF UIII	3/5/
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE, B. COUNTY	stitution : residence before admission
. FULL NAME OF (If not in hospital or institution, give street address or	A A	/
IOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits	write RURAL and giv
Mercy Hopp	Bultimore	township
Yrs.	o. STREET ADDRESS (If rural, give location)	
Length of stay in Baltimore Days	1 223 W. 29 th St.	
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DINORCED (Specify	8. DATE OF BIRTH  Aug. 21, 189  9. AGE (In years last birthday)  Mont	nder 1 Year   If Under 24 Hours ths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY Contractor Building	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME	0810
Joseph L. Fainon	Manie Adams	
5. WAS DECEMSED EVER IN U. S. ARMED FORCES?  68, 00 or uoknown) (If yes, give war or dates of service) 215-07-3038	17. INFORMANT ADD Blanche H. Farnen 223 W. 2	DRESS 29th St
18. 4221 . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Hyterio	steentre cardio vos ula	7,
heart failure, asthenia, etc. It means the disease.	ose, Severe	
ANTECEDENT CAUSES		
(B) bentic	what tachycaedia	7.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	α,	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
NJURY  WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from B	100 1951/to 13 NOU , 195/	that I last saw th
deceased alive on 15 Nov , 195/. and that death occu		
	23B. ADDRESS // ./	23c. DATE SIGNED
d. Note ammon M.D.	morey Horsetal	13/VEU '51
ON REMOVAL (Specify)	ERY OF CREMATORY 246 LOCATION (City, town, or	r county) (State)
Burial 11/17/51 New Cathe	dral Cem. Baltimore	Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRESS
OCAL REGISTRAR'S SIGNATURE	John A. Moran 3000 E. Ba	alto. St

VS 150

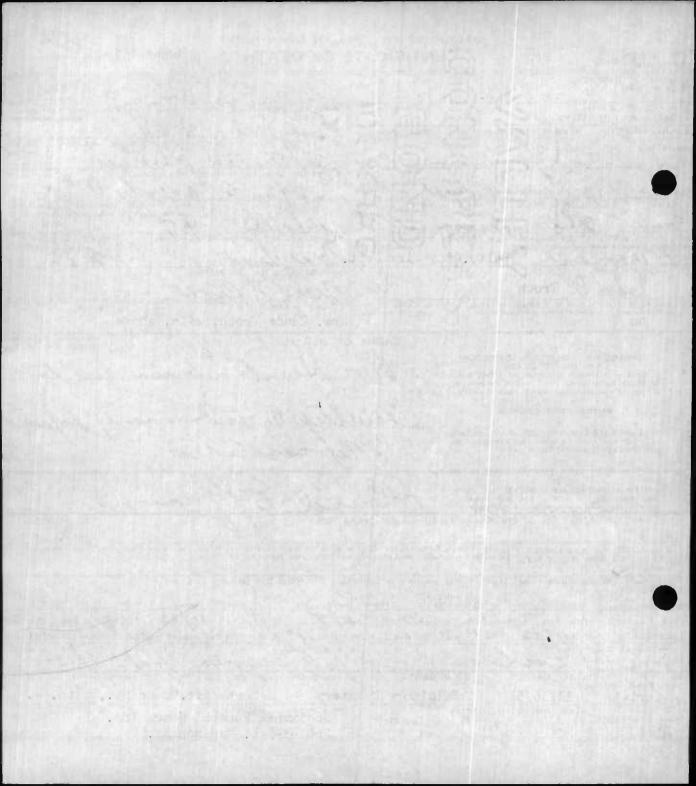
29024 HE Lewis



300 31 9873 BIRTH NO.	LTIMORE CITY HE	EALTH DEPARTMENT	Registered No. 9873		
1. NAME OF DECEASED	RANK B.		OF 11-14-51		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or instituted the completed of the compl		A. USUAL RESIDENCE (Where CA. STATE	BALTING RE  deceased lived. If institution; residence  B. COUNTY  before admission)  BALTING RE  decorporate limits, write RURAL and give		
HURCH HOME & HO	SPITAL Yrs.	BALTIMORI D. STREET ADDRESS (If rural,	township)		
c. Legth of stay in Baltimore 63  5. SEX   6. COLOR OR RACE   7. SINGL	Most. Days E. MARRIED.	RR #14 13	GE (In years   N Under   Year   N Under 24 Hours		
m W WIDOV	O OF BUSINESS OR	7-28-88  11. BIRTHPLACE (State or foreign	Ast birthday) Months Days Hours Min.		
ork done during most of working life, even if retired)  ER  13. FATHER'S NAME	OGER /	MARYLAN	country) 12. CITIZEN OF WHAT COUNTRY?		
JAMES RADA	(12)	JOSEPHINE	VONDRACEK		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yea, no or unknown)  (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT EHURCH HOM	E 2 HOS PITAL		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY?		
	ACE OF INJURY (e. g., in farm, factory, etreet, office bldg., e		Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		CUR?		
22. I hereby certify that I attended the deceased dive on 1 3, 19	and that death occur	red atf Am., from the ca	y-, 19 7, that I last saw the uses and on the date stated above.		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 11/16/51	24c. NAME OF CEMETE Holy Redee		ON (Aty, town, or county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATION 151951	UDE	25. FUNERAL DIRECTOR Schimunek Funeral H 2601-3-5 E. Madison	ADDRESS Inc.		
VS 150	390		45F		



BALTIMORE CITY H	EALTH DEPARTMENT 51 98/4
1 9874 CERTIFICAT	E OF DEATH Registered No.
NAME OF DECEASED Type or Print) THOMAS A. TROOM	2. DATE OF DEATH //-/3-5/
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. CQUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address o location	
St Lyon Harailal	Baltimare Mary land (winship)
th of stay in Baltimore 47 Www Mos. Days	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  9. AGE (in years I Under 1 Year II Under 24 Hours I II Under 24 Hours III Under 24 Hours II Under 24 Hours
A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk done during most of working life, even if retired)  INDUSTR'	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAN COUNTRY?
Streman Balto. City Fire Depo	maryland 4. Sa.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. WAS ECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
es, no or mknown) (If yes, give war or dates of service)  SECURITY NO.	Mrs. Maude Troch, wife, above
18. 472,7 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- Il to
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Heart Snam are s
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES (B)	elles to Tulmonary la Just
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	yrandiles
11 00	
OTHER SIGNIFICANT CONDITIONS CON-	of Extusion
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, elrect, office bidg.	in or 21c. WHERE DID (If in Baltimore City, give exact location) local, local, localing in Baltimore City, give exact location)
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	
22. I hereby certify that I attended the deceased from	11/8 , 1951, to 11/13 , 195/that I last saw the
decoased alive on 11/13, 1951, and that death occu	erred at Goldm., from the causes and on the date stated above.  238. ADRESS   23c. DATE SIGNED
28A. Showard Call	23B. ADDRESS 23C. DATE SIGNED
AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	PAY OR CREMATOR 24D. LOCATION (City, town, or county) (State)
/ 20 min     11 /16 / E1 /	etery North Ave. & Rose St., Balto. Md.
OCAL REGISTRAR REGISTRAR'S SIGNATURE	Schimunek Funeral Home, Inc. ADDRESS
DATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE NOV 151951	2601-3-5 E. Madison St.
VS 150 7629	93 E
1600 1	3

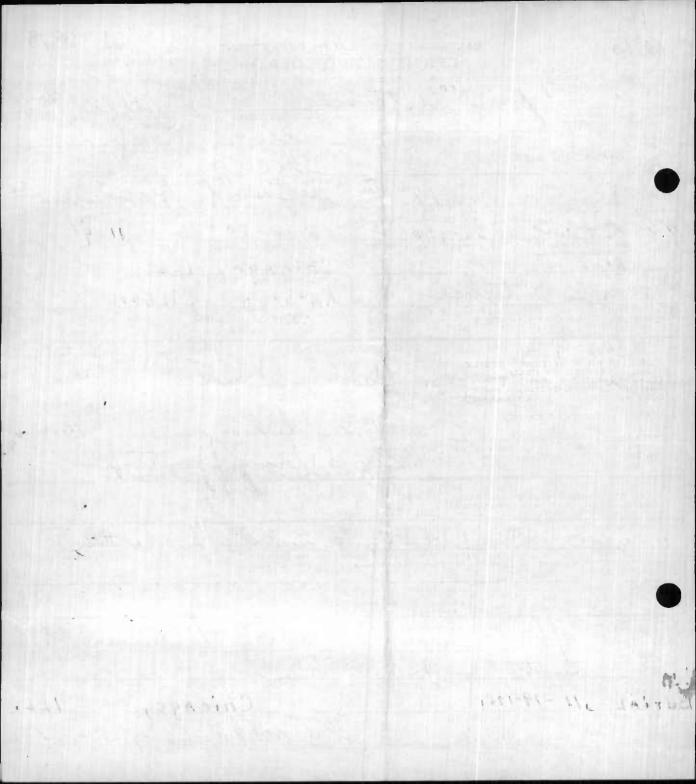


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9875

Registered No .\_

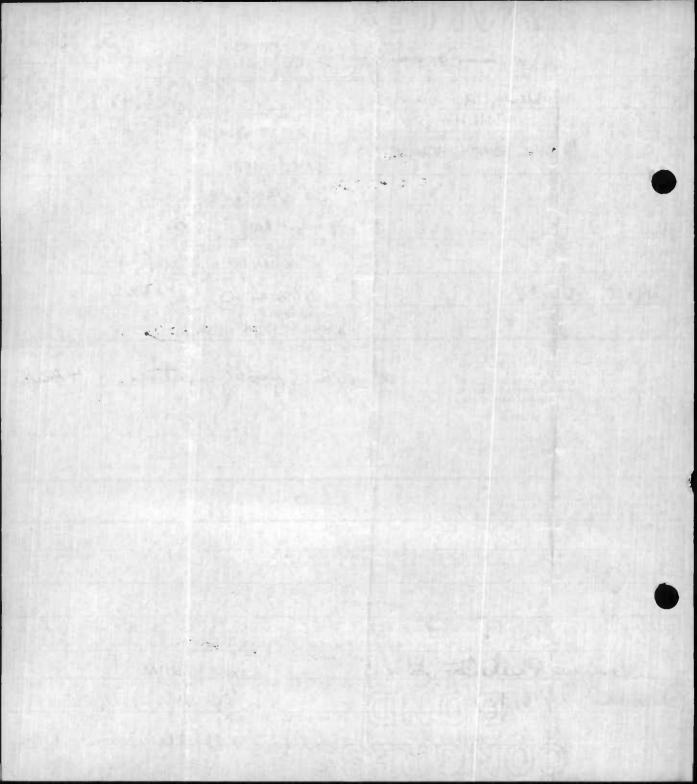
Type or Print) Bonnie tech	rel 2. DATE OF DEATH NOV. 15, 1951
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY, before admission)
FULL NAME OF (If not in hospital or institution, give street address or	Ill, V-11
OSPITAL OR IOCATION)	c. CITYOF TOWN (If outside corporate limits, write RURAL and give township)
The state of the s	o. STREET ADDRESS (A ryral, give location)
Length of stay in Baltimore /4 Days	4844 p. Harding St
MALE SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
k done during most of working life, even if retired)    NO P	WHAT COUNTRY?
B. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
Howard Steiler	KAthrich Silhere
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMATION HOPKINS HOSPITALADDRESS
, SECONITI NO.	3011110 110711111
18. 754.6 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. ()
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	diae Correst
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	-1.1.
DISEASES OR CONDITIONS, IF ANY, GIVING	starded wing 10m
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(C)	cardion to of dreet weeks
OTHER SIGNIFICANT CONDITIONS CON-	9 000
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER.	ATION A 20. AUTOPSY?
11-15-51 Inauforation of great	it veuel, our from il breakings I no V
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street of beddg., etc.	or 21c. WHERE DID (If ) Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 11	// 1951, to 1//5, 195/, that I last saw the
deceased alive on 11/15, 1951, and that death occur	red at 9 45 m., from the causes and on the date stated above.
23A. SIGNATURE Quantille In M. D. 2:	JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED
URIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BUYIAL 11-19-1957	Chicago, 1LL.
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
NOV 151951 Souther for Williams	ohn C. Witchell Him 1900 Entaw Place
VS 150	



51 9876

Registered No.\_\_\_\_

BIRTH NO. 4	4-14163		ERTIFICATI	L OF DEATH	N	
. NAME OF DI		UGLAS	JONES		OF DEATH	V 13 1951
Baltimore C	EATH: City, Maryland	HLH	- 3W	4. USUAL RESIDENCE (W	here deceased lived, 1  B. COUNTY	f institution: residence
FULL NAME	OF (If not in hospit	al or institution	, give street address or	MARYLAN.	D Bal	time
NSTITUTION	JOHNS	HOPKINS	HOSPITAL Contion)	0 - 1	outside corporate lim	s, write RURAL and give
			Yrs.	D. STREET ADDRESS (If:	rural, give location)	1001
. Length of st	tay in Baltimore		Mos. Days	20 DECATUI	- 0	5300
S. SEX	6. COLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years)	If Under I Year If Under 24 Hours Ionths; Days (Hours: Min.
MUTE	White	SIM	g L E	7-4-49	2	Days Hours Him.
OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND (	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S N	IAME			14. MOTHER'S MAIDEN	AME O	A
DHAI	D GONES			dielitak	16 ofer	2
5. WAS DECEASE es, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT  JOHNS HOPKINS HO		ADDRESS
18. 09	2 V .		CAUSE	OF DEATH	, OI TITALE	INTERVAL BETWEEN
DISEAS	E OR CONDITION		6.04 (25.16	1 10		ONSET AND DEATH
(This does	not mean the mode or re, asthenia, etc. It mea	f dying, e.g.,	(A) Hepo	etitis, pobably	in fectiones	- Ydays.
	complication which c		DUE TO			
	ANTECEDENT CAUS	ES				
DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)			
	HE ABOVE CAUSE (A) ING CONDITION LA		DUE TO			
	7 4 7 1 1 1 1 1 1 1 1		(C)	•••••••••••••••••••••••••••••••		***************************************
OTHER S	II IGNIFICANT CONDI	TIONS CON-				
TRIBUTING TO THE DI	TO THE DEATH, BUT	NOT RELATED CAUSING IT.	******			
19A. DATE O	F OPERATION 1	9B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
21A ACCID	ENT WAS UNDER	1 21B PLAC	E OF INJURY (e.g., I	n or   21c. WHERE DID (I	f in Reltimore City	give exact location)
	CONTRIBUTING [		n, factory, street, office bldg.,		in baitimore orty,	give exact location)
TIME (	Month) (Day) (Year)	100 100	E. INJURY OCCURR		OCCUR?	
			ORK NOT WHILE			
	y certify that I att			1-12-1951, to	1-13-, 195	I, that I last saw the
deceased al		, 19 J., ar	ed that death occur	red at from the from the	he causes and on	the date stated above.
234.31314		uleuto	-	JOHNS HOPKIN	S HOSPITAL	23c. DATE SIGNED
BURIAL, C	REMA- 24B. DATE		C. NAME OF CEMETE		OCATION Wity, town	n, or yunty) (State)
EMOVA	11/16	51		M	suselin,	N.C.
OCAL REGIST	BAR REGISTRAR	SSIGNATUR	E	25. FUNERAL DIRECTOR		ADDRESS
MUV 15	1321 rath 1/4	> / Yollian	Styles .	MENDELL J. DIRPE	1 3123.1	tighland are
VS 150		WE FEW				320



51 9877

	CERTIFICATE	OF DEATH	Registered N	0
I. NAME OF DECEASED			2. DATE	
(Type or Print) Be-1/e M	IN NIZ HAN	27	OF DEATH	15-17
S PLACE OF DEATH	Itimenae City, Md.	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR	institution, give street address or location)	1-111-7 400	outside corporate limits	write RURAL and give
institution the u	Jones or Md.	Bu Himore	17 ms	township)
7	Yrs.	D. STREET ADDRESS (If r		1/1-01
E. Lagth of stay in Baltimore	Mos. Days	1503 647	TW PIACE	
	SINGLE, MARRIED. VIDOWED, DIVORCED (Specify)	16 18,1903	9. AGE (In years last hirthday) Mor	Under 1 Year H Under 24 Hours hths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork doog during most of working life, even if retired)		11. BIRTHPLACE (State or for	4 4	12. CITIZEN OF WHAT COUNTRY?
Home wife.		Kerns, west	Vorgework	USA.
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN NA		
TAYLOR B. HAR	٢.	·BERTHA TAG	1 lon	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, oo or uoknowo) (If yes, give war or dates of set	rvice) 16. SOCIAL SECURITY NO.	Tecensed.	AL	DDRESS
18. 152 V	CALISE	OF DEATH	10000	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE		/		ONSET AND DEATH
(This does not mean the mode of dyi	160	tic FAILURE	Þ	24 hour.
heart failure, asthenia, etc. It means the injury or complication which caused				
ANTECEDENT CAUSES	111	+. L	· 00 - 12 /	
z	(B) META	static canci	RIGHTALIONI	w > 2 mas
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.		LINDUM Signi		
ONDERETING CONDITION EAST.	(c)Car/C	cinous signi	sie colon	23 mgs.
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT				
TO THE DISEASE OR CONDITION CAU	SING IT.			1 20 'AUTOPSY'?
19A. DATE OF OPERATION	1619 THE SIGNED OF	ford = consider and	I heartic N.	20. AUTOPSY?
214 ACCIDENT WAS LINDER   2	18. PLACE OF INJURY (e. g., i	n or   21c. WHERE DID (II	in Baltimore City, g	ive exact location)
LYING OR CONTRIBUTING	ut home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hou	ir)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attende		1-11 1951, to 12	1-15 ,1951	, that I last saw the
deceased alive on 1/- 15-, 19	5 Land that death occur	rred at 10 7m., from th	ic causes and on th	e date stated above
23A. SIGNATURE		38. ADDRESS	1 111	23c. DATE SIGNED
24A, BURIAL, CREMA-1 24B, DATE	24C. NAME OF CEMETE	BY OR CREMATORY 240. LO	CATION (City, town,	or county) (State)
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	E11.		King We	4 1
DATE RECEIVED BY   REGISTRANS SI	GNATURE GNATURE	25. FUNERAL DIRECTOR	31NS WIL	ADDRESS
LOCAL REGISTRAT	Williams, Mick	Charles 10 To	well EH	more of me Rue
VS 150	The state of the s	9-6-6-1		11/5
				11.1.10

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Ji . 18/11 BURIAL

51 9878 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 38 78 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF ELI BLIIM 4. USUAL RESIDENCE (Where deceased lived of institution: residence DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Pimlico Race Track Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore 2215 Presbury Street Days 6. COLOR OR RACE 7. NGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | If Under 24 Hours last birthday) Months: Days | Liours | Min. WIDOWED, DIVORCED (Specify) July 27, 1900 Married Male White 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT Squires Md Baltimore 17.5.A 14. MOTHER'S MAIDEN NAME Meyer Joseph Blum Freda Hoviss 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO 2215 Presbury St Ida Blum INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ... Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING

work done during most of working life, even if retired) Ticket -alesman 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) RTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

UTING TI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... 23c. DATE SIGNED M.D. MEDICAL INVESTIGATOR ... 24A. BURIAL. CREMA-TION, REMOVAL (Specify)

Sharrei Zion Cong Cemetery

24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Wyson

25. FUNERAL DIRECTOR

VS 151

2AB. DATE

Burial DATE RECEIVED BY

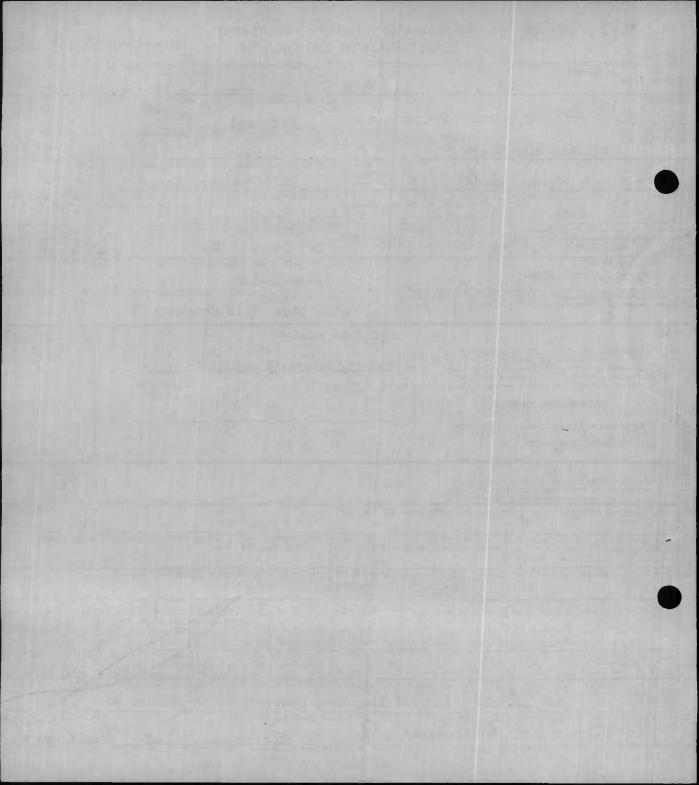
LOCAL REGISTRAN

Nov 16.1951

REGISTRAR'S SIGNATURE

ADDRESS //26W

Baltimore Md



RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION

YES 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE

WHILE AT WORK AT WORK

22. I hereby certify that I attended the deceased from. , 19\_\_, that I last saw the deceased alive on 11113 5.19 and that death occurred at 5 P. m., from the causes and on the date stated above. 23A/SIGNATURE

24A. BURIAL, CREMA-

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

20. AUTOPSYT

TION, REMOVAL (Specify) 11-16-1951

New Cathedral

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

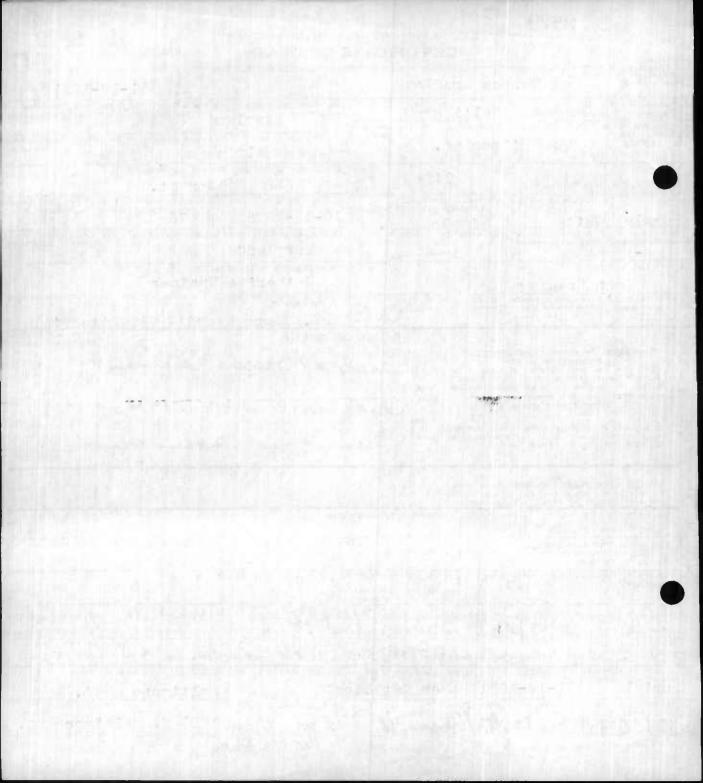
25. FUNERAL DIRECTOR

ADDRESS

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3000 E. Baltimore St.

VS 150



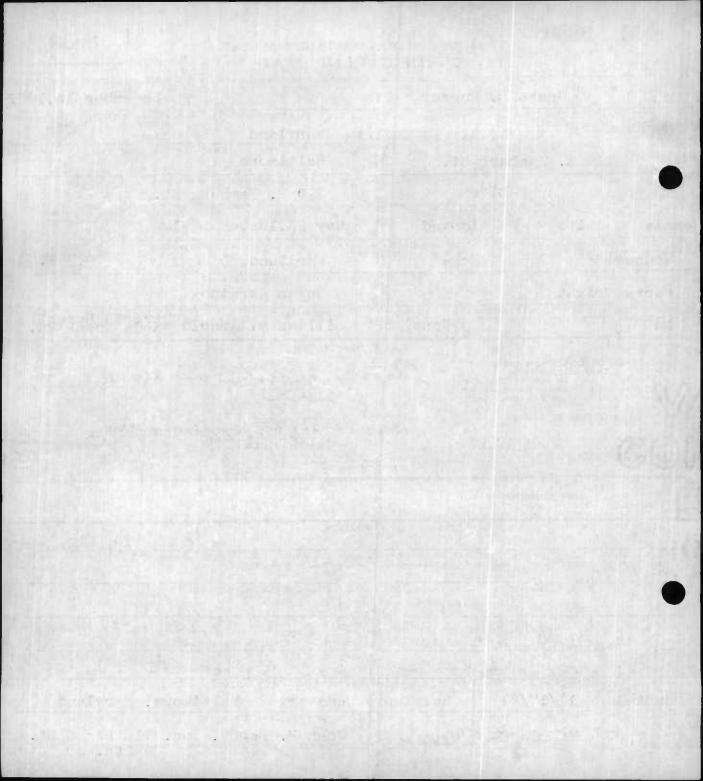
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VS 150

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Grace D. Murray OF November 13,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 110 E. Hamburg St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 110 E. Hamburg St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under I Year last hirthday) Months Days Hours Min. remale May 23.1880 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Perry Wright Susan Carmine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Riverior Beach Wanda Creek Rd. (Yes, no or unknown) (If yes, give war or dates of service) None No. Lillian M. Arnold 18. CAUSE OF DEATH 260 X INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 19 /, to. 19 that I last saw the deceased alive on 11 1957, and that death occurred at T. m., from the causes and on the date stated above. 23A. SIGNATURE 238, ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B/DATE 24c. NAME OF CEMETERY OR CREMATORY! 240. LOCATION (City, town, or county) Baltimore Cemetery Baltimore. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR John F. Denny, Inc. 715 Light St.

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	J	1 3001		CERTIFICA				red No	9833	
BIRT	H NO.			CERTIFICA	ALE OF	DEATH		ed Ivo		
	ME OF DI or Print)		TIE	13/	FRR	AN	2. DATE OF DEATH	1-15	- V-	7
	ACE OF DI	EATH: lity, Maryland			4. US	UAL RESIDENCE			tion : reside	
	LL NAME		al or institut	ion, give street addre		OR TOWN	(If outside corporate	limits, write	RURAL	and give
111511	TUTION 3	409 Ita	tenu	we (los	2 10	tatten	core	15-		Weinip?
		/			rs. D. STI	REET ADDRESS (	If rural, give location	n) /		
		ay in Baltimore		トン D	lays 1 24	09 Ja	temas		we	ب
	cale	White	WIDOW	E, MARRIED, VED, DIVORCED (Sp	ecify) 8, DA	re of Birth	9. AGE (In yea last hirthday	months D	ear If tinda	s Min.
ork den	SUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OF		STHPLACE (State of	foreign country)		TIZEN OF	
	THER'S N		1		14. MC	THER'S MAIDEN	NAME			
to	reor				19	etta				
15. W. Yes, no	AS DECEASE or uaknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY N	o. 17/1/	FORMANT	Folgue	ADDRES	seu	e
FICATION	DISEASES	LEADING TO DEA not mean the mode of the complication which of the complication of	of dying, e. g ins the diseas caused death SES F ANY. GIVIN STATING TH	C, DUE TO	Amer	bote (+	Situal	lage		
CERT	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE CAUSING I	Т					••••	
19	A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF C	PERATION				O. AUTOR	
0 2 L		ENT WAS UNDER. CONTRIBUTING	21B. PLA about home, f	ACE OF INJURY (earm, factory, street, office h		URY OCCUR?	(If in Baltimore C			n)
2	TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCU	JRRED 21	F. HOW DID INJU	RY OCCUR?			
	Moon			WHILE AT NOT W		0.17				
22	2. I hereby	certify that I at ive on 1 - 15-	ended the	deceased from	7-L	6 f. m. from	the causes and	19, that	I last se	aw the
23	A. SIGNAT	WRE R	St.	L.	238. ADI	DRESS D	and the			GNED
244	BURIAL C	REMA- 248. DATE		M. D. 24C. NAME OF CEM		REMATORY 24D.	LOCATION City,	town, or cour	nty) (	State)
Ju	rual	11-16-	-V-1V	Hebreur J	forms		Hal	15	M	d
LOCA	RECEIVED L REGISTE	1.0	s signatu	A	Local	NERAL DIRECTOR	2100	SE DE	RESS	PQ.
	VS 150	100		Single Common /	1		75 -6150		205	

2700 Ed ave

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### BALTIMORE CITY HEALTH DEPARTMENT

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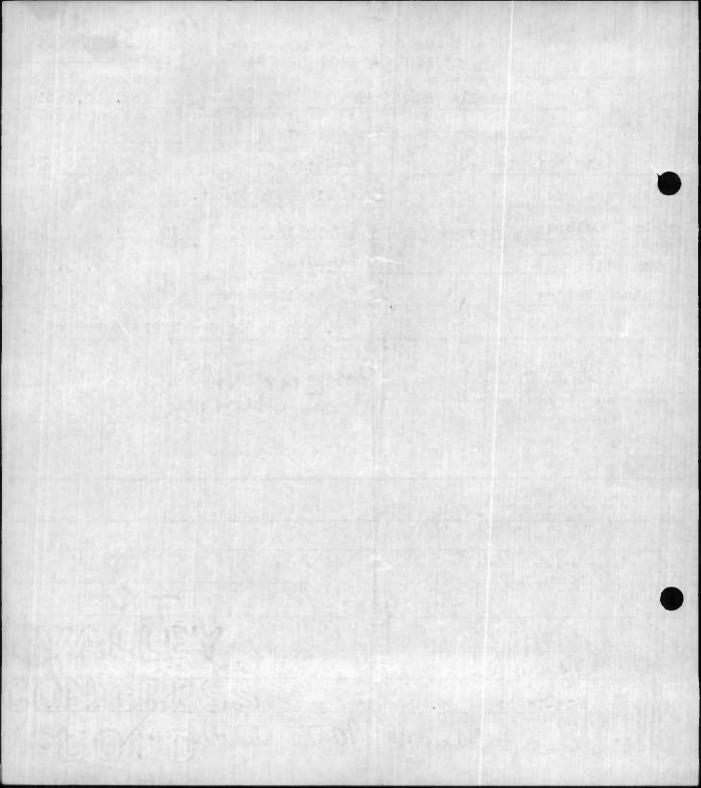
CERTIFICATE OF DEATH Registered No	
NAME OF DECEASED, Type or Print) FELIX VVSKEVIEZ (7)  2. DATE OF DEATH //-/	3-51
B. PLACE OF DEATH:  A. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY  B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)  OSPITAL OR NSTITUTION.  (If not in hospital or institution, give street address or location)  C. CYTY OR TOWN (If outside corporate limits, NSTITUTION.	write RURAL and give
1238 6-1/NOON AVE BALTIMONE	0 2
the of stay in Baltimore 40 Mos. 1238 GLYNDON AVE.	nder 1 Year   M Under 24 Hours
S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) MAY 30, 1890 9. AGE (In years last birthday) Mont	ths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of kind of kind of business or Industry)  A USUAL OCCUPATION (Give kind of kin	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	USR.
AZIMIERAS YUSKEUICZ IZABEL GINNICUTE  5. WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL (co., no polyphnown) (If yea, give war or dates of service) SECURITY NO. 17, INFORMANT ()	DRESS
(If yes, give var or dates of service) 215-03-0052 VERH H. VUSKEVICE 1238 GL	YNDON AVE
18. 5 7 1 CAUSE OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	3 days
ANTECEDENT CAUSES CON Pulmenale	44
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	15 Kg X
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  ### Authors	15 Just
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg., etc.)   1NJURY OCCUR?	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	
	that I last saw the
deceased alive on 1) //2, 1957, and that death occurred at 1030 Am., from the causes and on the	e date stated above 23c. DATE SYGNED
Maurice Feldman of M.O. The taliste, Charles II	11/15/5/
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City town, of Chemical Control of Control	mil
DATE RECEIVED BY REGISTRAR'S SIGNATURE TO LOCAL REGISTRAR TO LOCAL REG	MCHENRYS!
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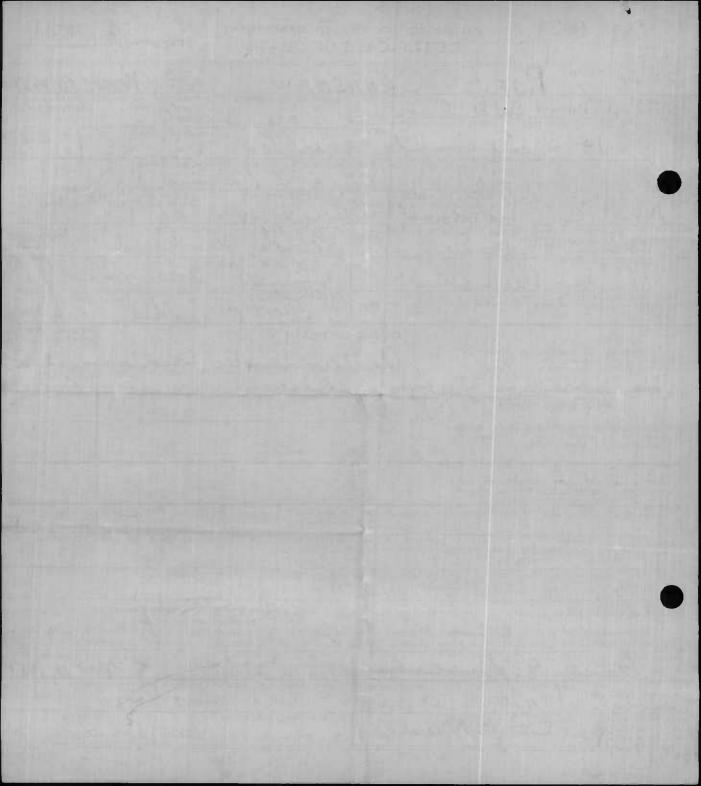
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9883 Registered No.

BIRTH NO.				- 01		
1. NAME OF DECEAS (Type or Print)		Estell	a. Woodfork	Hamile Street	2. DATE OF DEATH NO	v. 12,1951
3. PLACE OF DEATH: A. Baltimore City, N	Jaryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
		al or institution	on, give street address or	Marvland	B. COO!41 !	before admission)
HOSPITAL OR INSTITUTION			location)		(If outside corporate lim	nits, write RURAL and give
	2 Dolph	in St.		Baltimore	11-	() (d township)
			Yrs.	D. STREET ADDRESS	(If rural, give location)	* 1
c. Length of stay in	Baltimore		Mos. Days	212 Dolphir	st.	
5. SEX   6. COL	OR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Wonths: Days   Hours Min.
Female Co	lored	Widow		July 16.1875		Tours Days Hours Mill.
10A. USUAL OCCUPAT			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF
Domestic			INDUSTRY	Virginia		U. S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	0.0.20
Nelson B	ailey			Estella Jor	ies	
15. WAS DECEASED EVER	IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If ye	ss, give war or date	s of service)	SECURITY NO.	Mr. George Wo		
18. / -				OF DEATH		INTERVAL BETWEEN
420.0	CONDITION	DIRECTIV	A-	The state of the s		ONSET AND DEATH
	ING TO DEAT	TH	Ue	rhen en 101	etics	
heart failure, asth	enia, etc. It mea	ns the disease				
injury or compit	cation which c	aused death.	OUE TO	and Kik	Mark	
ANTEC	CEDENT CAUS	SES				
DISEASES OR C	ONDITIONS, II	F ANY, GIVING	(B)	000000000000000000000000000000000000000		
RISE TO THE ABO			E DUE TO			
Ď		5011	(C)	***************************************		***************************************
	11					
OTHER SIGNIFI						
TO THE DISEASE		2.7.2			v	
19A. DATE OF OPE	RATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT W	AS UNDER-	218. PLA	CE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City	YES NO NO
LYING OR CON	TRIBUTING	about home, fa	rm, factory, street, office bldg., a	(c.) INJURY OCCUR?		
TIME (Month)	(Day) (Year)	(Hour) 2	1E. INJURY OCCURRI	ED 21F. HOW DID INJU	JRY OCCUR?	
			WORK NOT WHILE	$\Box$  ,		
22. I hereby cert	ify that I alt	tended the	deceased from	5 19 to	1/12/0.19	, that I last saw the
deceased alive of	1 ( 1 1 1 1		and that death occur		n the causes and on	the date stated above
23A SIGNATURE				38-ADDAESS	1 1	23C. PATE SIGNED
W. (	Janu	احما	м. о.	10 3 00	NY CI	11/1/1/1
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY   240	LOCATION (City, tow	vn, or county) (State)
Burial	11-16-	51	Mt. Calvery	Cem A	nne Arundel	Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR	SSIGNATU		25. FUNERAL DIRECTO		ADDRESS
NOV 161051	APR 45	f - W.1	Carle Mill	Met trances	H. Huusler	1918 W. Diddie
VS 150	- Company	1472 ( IA				0-5
		10000	金. (Salata 4000) 5			939



10520		
	HEALTH DEPARTMENT	51 9884
BIRTH NO.	ATE OF DEATH	Registered No.
1. NAME OF DECEASED RUFUS CRI	ENSHAW	2. DATE OF DEATH NOV 10,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City	4. USUAL RESIDENCE (WI	nere deceased lived. If institution; pesidence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR local INSTITUTION		utside corporate limits, write RURAL and give
17 3, 2pm Cr.	Ballo,	3-0 township)
A MAN MAN I	Yrs. D. STREET ADDRESS (If re	ural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WHOWED DIVORGED (S)	8. DATE OF BIRTH	9. AGE (In years   # Under I Year   # Under 24 Hours   last birthday)   Months! Days   Hours   Min.
101 C Widowek	long. 15,1871	80
10A, USUAL OCCUPATION (Give kind of own do of our most of working life, even if retired)		WHAT SOUNTRY
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAI	ME AL LOCAL
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Joanale	enconno de la constanti de la
(Yes, no os unknown) (If yes, give war or dutes of service) SECURITY N	10. Wilbut Cu	when 14 de formy
18. 422.1 CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Tois or levetie	Cardianas ulas
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Nicos	
ANTECEDENT CAUSES	No.	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)		
O.E.		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.  O 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATI	OPERATION	20. AUTOPSY?
AA THANK OF MUURY	e.g., in or 21c. WHERE DID (If	in Baltimore City, give exact location)
21a. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB- UTING   CAUSE OF DEATH.		In Datamore Only, give exact socions
	URRED 21F, HOW DID INJURY	occur?
22. I certify that I took charge of the remains describ	ed above, held an hisper	in thereon and from
the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural co	or Inquiry, find that said dec	nspection or Mairy to ceased died on the day stated above, homicide, undetermined
23A. SIGNATURE	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E MEDICAL INVESTIGATO	XAMINER Y MAC I IGC
TION ATMOVAL (Spenify)		CATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS - C
LOCAL REGISTRAR		11 4 1/1 4 10 1/2
0V 16195	Chory D. W.	lon 1000 Beauting



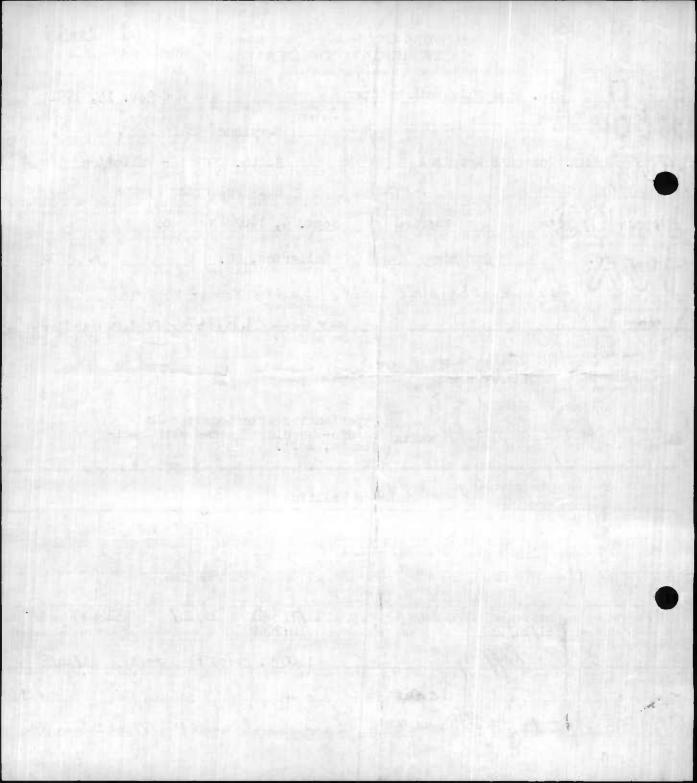
236,51 9885

# BALTIMORE CITY HEALTH DEPARTMENT

51 9885

BIRTH NO.			CERTIFICAT	TE OF DEAT	H Register	ed No
I. NAME OF DECEASE	0				I 2. DATE	
(Type or Print)	Mrs. En	nma Eliz	abeth Richte	r	OF OEATH NOT	v. 1), 1951
3. PLACE OF DEATH: A. Baltimore City, M				4. USUAL RESID	ENCE (Where deceased live	ed. If institution : residence
47.7		al or instituti	on, give street address	A. STATE	pland $B_{\alpha}/F_{\alpha}$ .	
HOSPITAL OR			location		(If outside corporate	limits, write RURAL and give
	Joseph	als Host	of tal	Pal+	o. RURAL - Ful	township)
	nobe pr	1 5 11001	Yrs.	o. STREET ADOR	ESS (If rural, give location	
c. gth of stay in	Baltimore		Life Mos.	),),17	Fullerton Aver	nue Kano
5. SEX 6. COL	OR OR RACE		, MARRIED,	8. DATE OF BIRTH	I O AGE UN Vent	es If linder   Year   If linder 24 Name
Female V	Vhite	WIOOW	ED DIVORCED (Specific Married	Sept. 6, 18	382 last birthday	) Months Days Hours Min.
10A. USUAL OCCUPAT	ON (Give kind of	10B. KINO	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
ork done during most of working	life, even if retired)	Own I	INDUSTR		163	WHAT COUNTRY
13. FATHER'S NAME		Own I	TOINE	Fullerton,		L.S.A.
1		1	100	0	· · ·	
15. WAS DECEASED EVER	IN U. S. ARMED	FORCES	16. SOCIAL	Butbo	ra Sippe	ADDRESS
Yes, no or nnknown) (If yes	, give wer or date	s of service)	SECURITY NO.	17. INFORMANT		
100				MY, George	1. Kichler, 441	7. Fullerton Ave
18. 443X	1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR	CONDITION NG TO DEAT					
(This does not me	an the mode o	f dying, e.g.	(A) Pne	umonia	***************************************	
heart failure, asthe	ation which c	aused death.	) DUE TO			
ANTEC	EDENT CAUS	FS				
Z			(в) Нур	ertensive art	ceriosclerotic	
DISEASES OR CO	ONDITIONS, IF	ANY, GIVIN	G		disease with he	emi –
UNDERLYING CO	ONDITION LA	ST.	ple ple	gia, left.		
			(0)			
OTHER SIGNIFIC	II CONDI	TIONS				
TRIBUTING TO THE	E OEATH, BUT	NOT RELATE	o Dishetes	Mellitus		
19A. DATE OF OPER			FINDINGS OF OPE			
I ION. DATE OF OFE	ATTONO 1	SB. MAJOR	FINDINGS OF OFE	RATION		20. AUTOPSY?
21A. ACCIDENT W.	AS LINDER.	21B. PLA	CE OF INJURY (e. g.,	in or   21c. WHERE D	OID (If in Baltimore C	ity, give exact location)
LYING OR CONT		about home, fa	arm, factory, street, office bldg	,etc.) INJURY OCCU		, 3
21D. TIME (Month)	(Day) (Veer)	(Hour)   S	TE. INJURY OCCUR	PED 21E HOW DID	INJURY OCCUR?	
OF INJURY	(Day) (Teal)		HILE AT NOT WHILE		INJURY OCCURY	
		m.	WORK AT WORK			
22. I hereby certi	fy that I att	ended the	deceased from	11/7/, 195]	, to 11/11/, 1	1957 that I last saw the
deceased alive on_	11/11/	/510 a	and that death occi	erred at 10:20Al	from the causes and c	on the date stated above.
23A. SIGNATURE	R 1	211	1	23B. ADDRESS		23c. DATE SIGNED
6.	0.10	May	h. M.O.		Caroline Street	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	10 /2	NAME OF CEMET	ERY OR CREMATORY	240. LOCATION (City, t	town, or county) (State)
Burial	11/17/	51	Jeausalen	a. Cem	* Ba.17	To. ud.
DATE RECEIVED BY	REGISTRAR'	SSIGNATU	RE	25. FUNERAL DIR	ECTOR	ADDRESS
NUV 161951	Handing	标则	Laure, M.B.	Lassalew	Funeral Home 7	401. Balain PC
VS 150		and the same of the	and the state of t		3	1.
	2.4	Sunday of the same	Training of the same of			

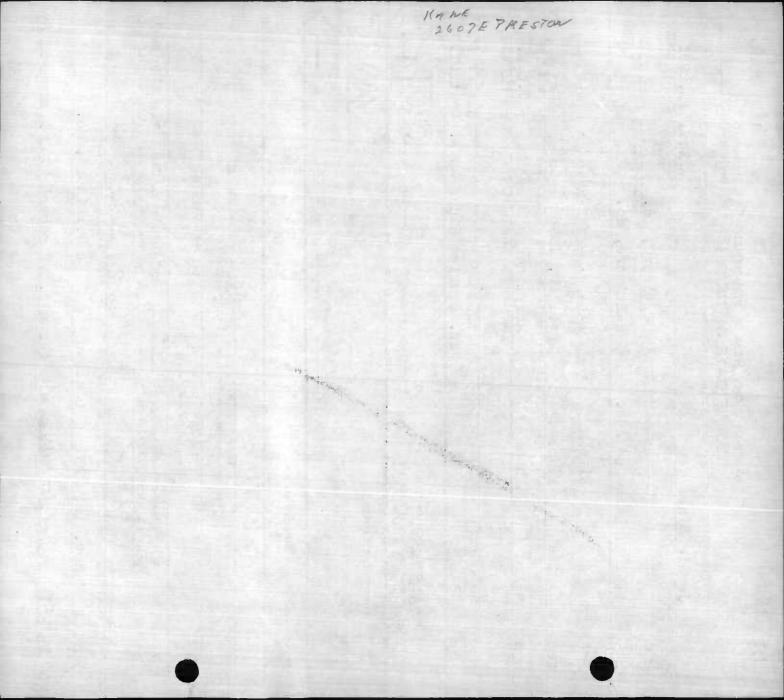
or the same of the first and



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

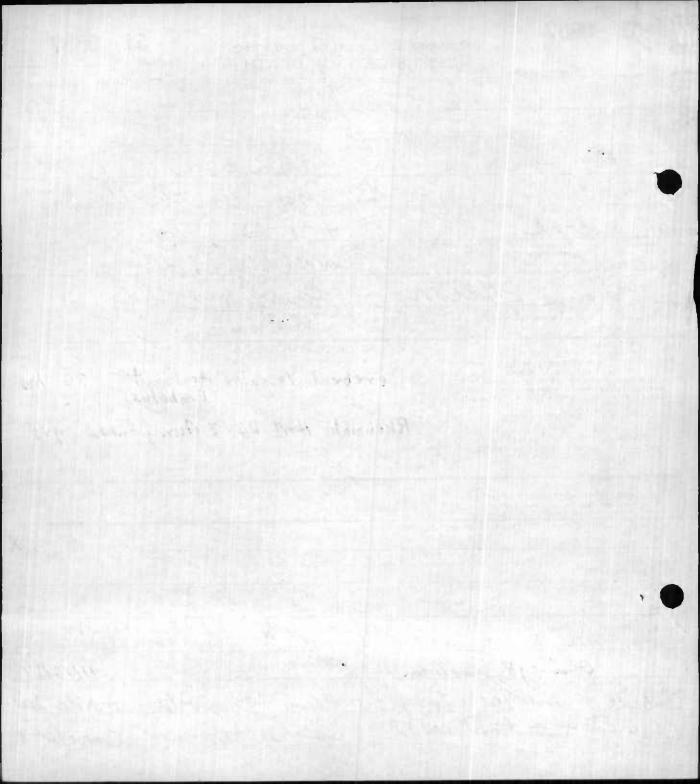
 NT.	

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF Mars 15 1051
Jennie Hines	DEATH NOV. 13, 1931
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	
HOSPITAL OR location	C. CITTOR TOWN
1121 N. Lakewood Ave.	Baltimore, Md.
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years   II Under 1 Year   If Under 24 Hours   last birthday)   Months; Days   Hours   Min.
female white   widowed	April 22, 1883 68
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
housewife home	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, as or nnknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Maurice Hines 25 W. West St.
18. / CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	San and I have been it 4 hours
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., LYING   OR CONTRIBUTING   about home, farm, factory, etreet, office bldg	in or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	170071 170071
TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
NJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK	, 1945 to Nor 15, 1951 that I last saw the
22. I hereby certify that I attended the deceased from	
deceased alive on 15, 1951, and that death occu	erred at 5 m., from the causes and on the date stated above.
	- 1 S ( T
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	
Burial   Nov. 19, 1951 Oakla	WIL DELUTION, MU.
LOCAL REGISTRAR	
NOV 16195 I water for This was him	John T. Stansbury 2700 Edmondson Av
VS 150	ρ,

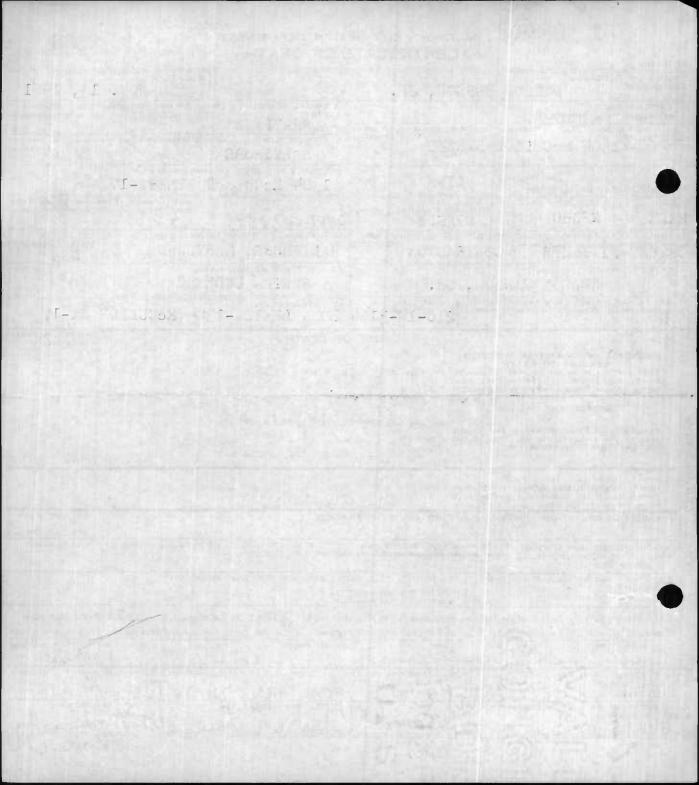


51 9887

BIRTH NO.	CERTIFICAL	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	to the	bo.	2. DATE OF OF
3. PLACE OF DEATH: A. Baltimore City, Maryland	mil va	4. USUAL RESIDENCE (W	here deceased lived. If institution; pesidence
B. FULL NAME OF (If not in hospital	or institution, give street address or		B. COUNTY before admission)
INSTITUTION OHNS HOPKINS	location)	C. CITY OR TOWN (If	outside corporate limits, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If r	ural, give logation)
c. Length of stay in Baltimore  5/ SEX   6/00LOR OR RACE   7	Mos. Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	nettrulle
emel Colored	WIDOWED, DIVORCED (Specify)	4-1-05	9. AGE (In years     Under   Your   If Under 24 Hours   last birthday)   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done daring most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	1 2-1	14. MOTHER'S MAIDEN NA	A. A.Co.
Louis O	Altm	Do & NI SI	Altons
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18 / / /	CALLES	JOHNS HOPKINS	
DISEASE OR CONDITION DI	RECTI Y	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dheart failure, asthenia, etc. It means	lying, e.g., (A) Cert	bral Vascular	Accident 36 hrs
injury or complication which caus	sed death.) DUE TO		Embolus)
ANTECEDENT CAUSES	Rheum	natic Hart Dis. 2	Aux fibriliti 4xs
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE DUE TO		
	(C)		
OTHER SIGNIFICANT CONDITION	ONS CON-		
TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CA	AUSING IT.		
19A. DATE OF OPERATION 19B.	. MAJOR FINDINGS OF OPER	RATION	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., li bout home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City, give exact location)
CAUSE OF DEATH TIME (Month) (Day) (Year) (H			
NJOJRY	WHILE AT NOT WHILE		OCCURY
22. I hereby certify that I attend			
deceased alive on 1/ 15	ded the deceased from //	14 .1951 to 11	/ J 195/that I last saw the
234 SIGNATURE	ded the deceased from 11/195/, and that death occur	red at 10 3 1951, to 11	/ J, 195/, that I last saw the e causes and on the date stated above.
23A. SIGNATURE Oulley P	ded the deceased from 11/1951, and that death occur		
23A. SIGNATURE Oulley P  24A. BURIAL, CREMA- 24B. DATE  TION REMOVAL (Specify)	ded the deceased from 11/195/, and that death occur	JOHNS HOPKINS HO	e causes and on the date stated above.
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	ded the deceased from 11/1951, and that death occur  2 24C. NAME OF SMETE  17 124C. NAME OF SMETE	RY OR CREMATORY 24b. LO	e causes and on the date stated above.  23c. DATE SIGNED  11/16/57
24A. BURIAL, CREMA- 24B. DATE	ded the deceased from 11/1951, and that death occur  2 24C. NAME OF SMETE  17 124C. NAME OF SMETE	JOHNS HOPKINS HO	e causes and on the date stated above.  23c. DATE SIGNED  11/16/57
24A. BURIAL, CREMA- TION REMOVAL (Specify)  AULUL  DATE RECEIVED PAREDISTRAR'S	ded the deceased from 11/1951, and that death occur  2 24C. NAME OF SMETE  17 124C. NAME OF SMETE	RY OR CREMATORY 24b. LO	e causes and on the date stated above.  23c. DATE SIGNED  11/16/57



CERTIFICATE OF DEATH  Registered No. 9888						
BIRTH NO.	OF BEATTI					
Type or Print) NELSON HENSON, JR.	of DEATH NOV. 13, 1951					
B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) MARYLAND					
a. FULL NAME OF (If not in hospital or institution, give street address or location)  NOTITUTION 1304 MCCULLOH STREET	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  BALTIMORE //- 0 4					
gth of stay in Baltimore  LIFE  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location) 1304 McCULLOH STREET-17					
MALE NEGRO WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years last birthday)  10 Months: Days Hours Min.					
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR CEMENT FINISHER CONTRACTOR INDUSTRY	BALTIMORE, MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA					
NELSON HENSON, SR.	BERTHA UNDERDO					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  16. SOCIAL  216 EGURITY NOTE  17. 16. SOCIAL	EDNA LEWIS -1304 McCULLOH ST-17					
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  DISEASE OR CONDITIONS (IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et						
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY  m. WHILE AT NOT WHILE AT WORK	D 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nodeccased alive on Novi3, 1951, and that death occurr	red at $+35$ , to $+25$ , to $+25$ , to $+25$ , that I last saw the red at $+35$ , the re					
Skeilet & Trinley Jam. D.	1325 W. Laurale M. 11/15/51					
24A. BURIAL, CREMA- TION REMOVAL (Specify) BURIAL NOV. 17,1951 HR DUTUS	Mem. YARK HR DUTUS, Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	Charles R. Naw - 802 Madyon Anc					
vs 150	4 93) Balto.1, Md.					



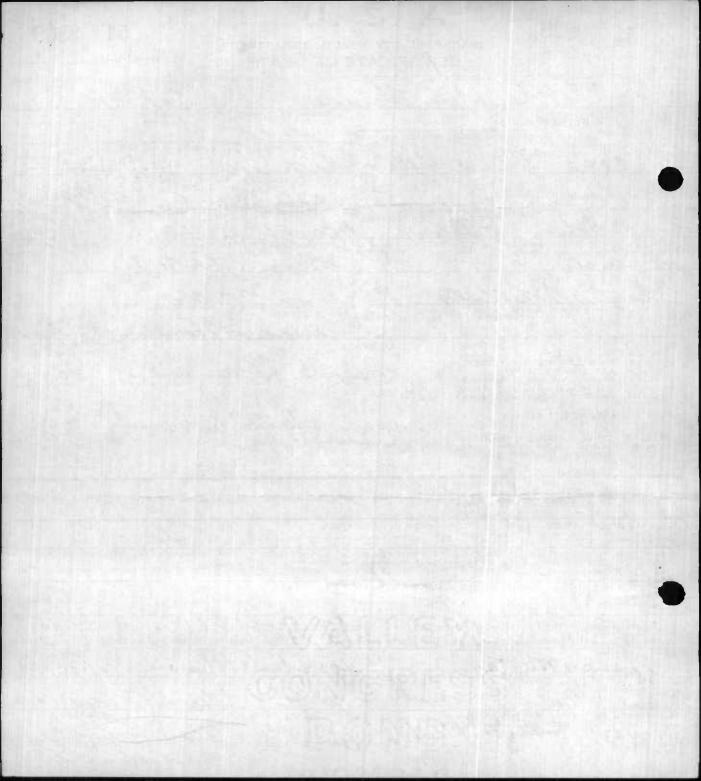
BIRTH NO.

Registered No.\_\_

### BALTIMORE CITY HEALTH DEPARTMENT

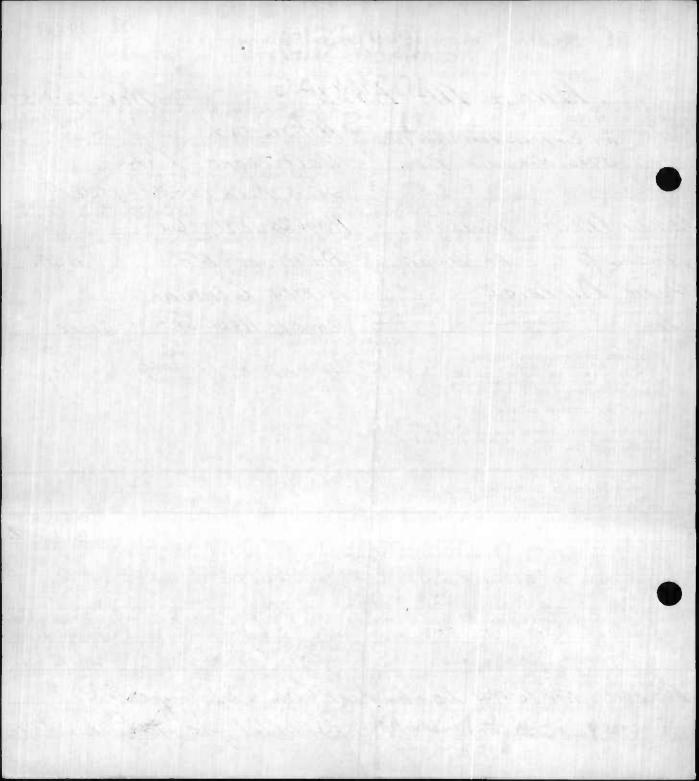
CERTIFICATE OF DEATH

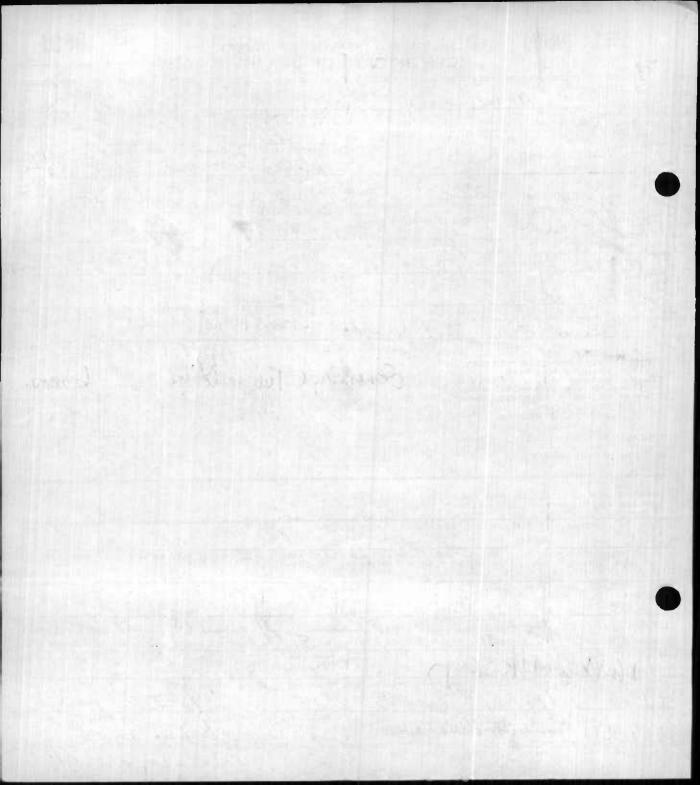
	pe or Print)	an and	aru	m.	Than	en al	2. DATE OF DEATH	Mari 12	4 1951
	PLACE OF DE Baltimore C	EATH: City, Maryland	1		2000	4. USUAL RESIDENCE			ution : residence before admission)
B. 1	FULL NAME		ital or instit	ution, give s	treet address or	amd.			
IN	SPITAL OR		20		location)	C. CITY OR TOWN . (	If outside corpor	ate limits, wri	te RURAL and give
٨	2	032 2	Vru	d. 160	ellen.	Galtinous	1	14-6	5 township)
					Yrs.	D. STREET ADDRESS (I	f rural, give loca	tion)	
		tay in Baltimore			Mos. Days	20321 Llx	uide/s	Lill !	ese
5.	SEX	6. COLOR OR RACE		LE, MARRI	ED. DRCED (Specify)	8. DATE OF BIRTH	9. AGE (In )	vears     Under	Year If Under 24 Hours Days Hours Min.
2		tool	1 0,	Vidor		may 1 1862	1 89	, , ,	Zajs Ziodis Ziiii.
10/	. USUAL OC	CUPATION (Give kind	of 108. KI	ND OF BUS	SINESS OR	11. BIRTHPLACE (State or	foreign country)	112.0	CITIZEN OF
Drk		f working life, even if retire	3)		INDUSTRY	04:0	+ m	0 1	WHAT COUNTRY?
13.	FATHER'S N	IAME				14. MOTHER'S MAIDEN	low 11.	۲,۱	
	01	1 ho			no Hand	14. MOTHER'S MAIDEN	NAME		
-	anar	les //	alle	lle		Hene m	ulle		
Yes	mo or unknown)	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES?		CIAL CURITY NO.	17. INFORMANT	~ (	ADDRE	ss in its
				000	JORTH NO.	Donnelyn	Ilbanian	01203	2. 16. 11
T	18. // 0				CALISE	OF DEATH	1 rama	0	NTERVAL BETWEEN
	DISEAS	V. I I	DIDECHI		OAOOL (	DEATH		. 0	NSET AND DEATH
		E OR CONDITION	HTA		0000	lon al , 2/2			2 deus
	(This does heart failur	not mean the mode re, asthenia, etc. It me	of dying, e	2. g., (A	, 000	o co-o /per		-076	3000
1	injury or	complication which	caused dea	th.) DUE	то			~	V
		ANTECEDENT CAL	ISFS		A	· 0+1			
,			020	45	. orler	w sclerolic.	cordiva	oscalar	J ans
5		OR CONDITIONS,			Dis	asl	74 · · · · · · · · · · · · · · · · · · ·		2
	UNDERLY	HE ABOVE CAUSE (A	AST.	THE DUE	10			0.000	
3				(0	2)	***************************************	***************************************		020
		11							
		IGNIFICANT COND							
1	TRIBUTING	TO THE DEATH, BUT	NOT RELA	IT					
		F OPERATION A			GS OF OPER	ATION			20. AUTOPSY?
				-					YES NO Y
2 -	21A. ACCIDE	ENT WAS UNDER-	218. P	LACE OF I	NJURY (e. g., is	or   21c. WHERE DID	(If in Baltimore		
	LYING OR	CONTRIBUTING	about hom	e, farm, factory	street, office bldg., e	(c.) INJURY OCCUR?			
Ž .			. (**						
	NJURY	Month) (Day) (Yea	r) (Hour)		JRY OCCURRI	D 21F. HOW DID INJUF	RY OCCUR?		
			m.	WHILE AT	NOT WHILE				
I	22 I homoho	y certify that I a	Man JaJ Al			ly 11, 194/6 to 7	lov. 14	10.5/ 12.	it I last saw the
Н									
1	23A. SIGNAT		2, 190	_, and that		redat 10 Am., from	the causes an		
1	1		· Jai	^		BB, ADDRESS	11	230	C. DATE SIGNED
0.4		mas III	· ac		M. D.	700 M. Carriace	con an		1.16.31
110	A. BURTAL. C	REMA- 24B. DATE pecify)	,	24C. NAM	LOF CEMETE	RY OR CREMATORY 240.	LOCATION (Cit	y, town, or co	unty) (State)
1	Qurial	1/10/1	7/51	gni	Mube	ersellend! 1	Verpos	1 /	Inla Mid
	TE RECEIVED		S SIGNA	TURE		25. FUNERAL DIRECTOR	00	ADE	RESS
	AL REGISTA	The state of the s	beton	MILANI	1.118	ma ( Alp 1)	Flhat	a De	dite.
H	V-1-0-19:	71 - 10			1111111	TIME ALLOW	and	TO WW	guille
. 6	VS 150	A 1911	400000	A THE SAME	MARKET SE.	12/29	n. Ca	colin	e St



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	0	T 3030	BAL		EALTH DEPARTMEN		1 NT.
В	RTH NO.			CERTIFICAT	E OF DEATH	Registered	1 No
	NAME OF C		A	M- Hi	11.	2. DATE OF DEATH	104-12-1051
Α.		EATH: City, Maryland			4. USUAL RESIDENCE		If institution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	NT. CONVALE	al or institut	ion, give street address of	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv
4	0	3706 NOR	TONIA		Baltimo		township
_		tay in Baltimore		LIFE. Mos. Days	3123 KE	(If rural, give location)  N / U C K	AUE!
5.	SEX Emale	6. COLOR OR RACE	WIDOW	MARRIED, YED, DIVORCED (Specify)	B. DATE OF BIRTH	01 /	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
,	404.500	wife	At. 1	INDUSTRY	Baltimore	· 100d	WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	1 200761
-	John	DIETRI	ck		DERTHA 6	iRMAN	
(Ye	. WAS DECEAS s. no or unknown)	ED EVER IN U, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	11 7	ADDRESS
_	140				Vanes H. Hz	bh JR	Same
	18.	$7/\times$ 1		CAUSE	OF DEATH	1 4	DNSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA s not mean the mode	DIRECTLY		Care in ore	1 lilenes	14
	heart failt	ire, asthenia, etc. It mei	ins the diseas	e,		+ (cure)	The inches
	injury or	complication which	caused death	.) DUE TO			0
my		ANTECEDENT CAUS	SES				
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD						
AT	UNDERLY	YING CONDITION L	STATING TE	(C)			
FICA				(0)			
ERTI	OTHER S	II SIGNIFICANT COND	TIONS CON				
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	10			
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
CAI						YES ND	
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office hidg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or lying) 21C. WHERE DID (If in Baitimore City, gradual investments) 11 INJURY OCCUR?					, give exact location)	
2	210. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJ	URY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from Feb 10 , 1951, to Claves 12, 191, that I last saw						
	deceased alive on Mee 12, 1957. and that death occurred at 8 11m., from the causes and on the						
	23A. SIGNA	TURE			23B. ADDRESS	Cal B18-	ASC. DATE SIGNED
2	AA. BURTAL	CREMA- 248. DATE	una	M. O.	2-322 (AU)	ON COUNTY	140.13 1731
	N REMOVAL (S	Specify)	10-1	1 1 D	2. 12 S	2/1.	wn, or county) (State)
D	CILLETA ATE RECEIVE		SSIGNATI	WOUNDON TO	25 FUNERAL PIRECTO	abtimorE.	ADDRESS
	OCAL REGIST		+- N	Minus HE V.	189/11	18 19	S + P/
4	WY 1 b 1	13	A PARTY	Assessed (III)	Melpfort	LOUI: NOOF	ellaw / K/
	VS 150	S. Mar.	provide the	ENTHURS IN THE		HI FIFT	480
							7000





51 9892

BIRTH NO.	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) Omes. Banna	2. DATE OF DEATH November 141951				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address or	Ind.				
JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township				
Yrs.	tallmore 19-0,5				
Mos.	o. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   II Under 24 Kours				
male Calmed WIDOWED, DIVARCED (Specify)	7-23-02 last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OF Work done) of work of work in life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
Markey Horself	Balting Tral MATCOUNTRY				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Uron a. Brown	Rachel Come -				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
SECORITY NO.	JOHNS HOPKINS HOSPIYAL				
18. 4/6 X CAUSE C	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND OBATH				
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	matic heart disease 20 years				
injury or complication which caused death.) OUE TO					
ANTECEDENT CAUSES	Unknown				
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(c)					
11					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OF CONDITION CAUSING IT.					
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA					
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)				
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., et CAUSE OF DEATH	tc.) INJURY OCCUR?				
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK					
	-2 ,1951, to 11-14 , 1951, that I last saw the				
deceased alive on 11-14, 1951, and that death occurred at 10 10 m., from the causes and on the date s					
23A SIGNATURE	38. ADDRESS 23c. DATE SIGNED				
24A. BUNIAL, CREMA- 24B, DATE 1240 NAME OF CEMETER	JOHNS HOPKINS HOSPITAL				
244. BUNIAL, CREMA- TION REMOVAL (Specify)	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	mem. M. Dattymore, M.S.				
LOCAL REGISTRAR	25. FINERAL DRECTOR				
NUV 161951	1631 Drived Still live.				
VS 150	C				

30 8T

17/27/57

See Document File 51 9892 for letter from Dr. John C. Harvey, Asst Resident in authorization. Johns Hopking Maspital

t. Steman

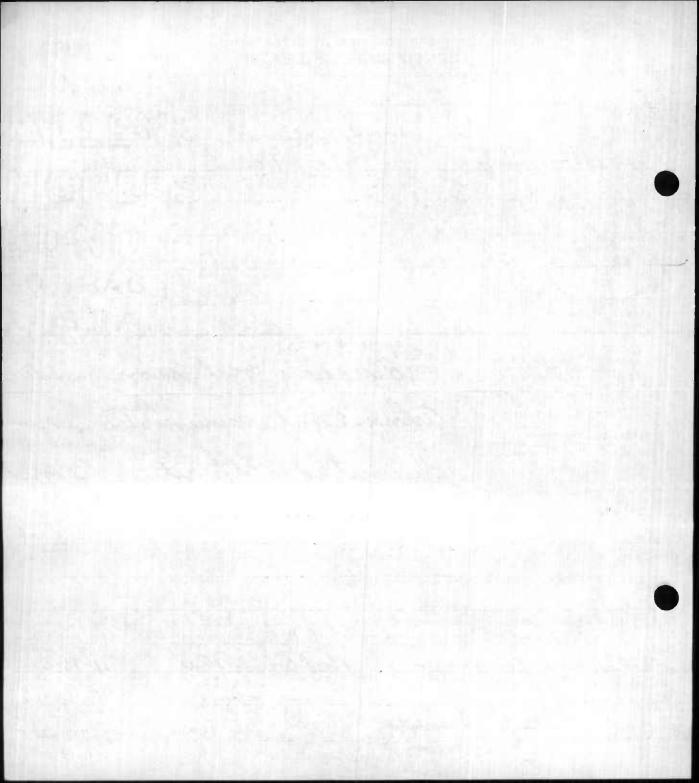
with heart from a company

4531 9893

# BALTIMORE CITY HEALTH DEPARTMENT

51 9892

CERT	IFICATE OF DEATH	Registered No.	0000		
I. NAME OF DECEASED		2. DATE			
Type or Print)	GAN	OF DEATH 11/16	151		
B. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE A. STATE	(Where deceased lived. If insti	itution : residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give stransport of the control of the contro	reet address or NARILAND c. CITY OR TOWN	BALTO, My Marine	ite RURAL and give		
1223 Kaleigh Way	1223 Nalu	il gray - Bi	ALTO · township)		
E. Eth of stay in Baltimore 17	Yrs. Mos. D. STREET ADDRESS	If rural, give location)	26		
5. SEX   6. COLOR OF RACE   7. SINGLE, MARKIE		9. AGE (In year:   M Under			
M W WIDOWED, DIVOR	april 5,188	last birthday) Months	Days Hours Min.		
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSI	NESS OR 11 BIRTHPLACE (State of	r foreign country)   12.	CITIZEN OF WHAT COUNTRY?		
Caretaker City Hospital	marigla	ad	U.S.A.		
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME (			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOC	Nannah	Klingan			
	URITY NO. 17. INFORMANT	ADDR	ESS AH W		
No.	ne Mrs Jos. Towok	. 1223 Raleyles	INTERVAL BETWEEN		
18. 470.	AUSE OF DEATH		ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ENTONIUM OC	elusion.	Sedelen		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	-		nennu		
injury or complication which caused death.) DUE		disease			
ANTECEDENT CAUSES	terio-Selerotii Ca	rdis-Vascular	2 Mis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	TO	······································			
UNDERLYING CONDITION LAST.	1 - 1 -	01	0		
ICh	eumaloid all	heritis	3 ms		
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
194. DATE OF OPERATION 198. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?		
			YES NO L		
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in or   21c. WHERE DID (If in Baltimore City, give exact log about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
21p. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?					
MJURY WHILE AT WORK	NOT WHILE				
22. I hereby certify that I attended the deceased from July 1, 1951, to Hor 16, 1951, that I last saw th					
deceased alive on 105 16, 1957, and that					
23 GNATURE	23B. ADDRESS	9/1/	3c. DATE SIGNED		
4A. BURIAL, CREMA- 24B. DATE 24C. MAMI		LOCATION (City, town, or c	1-16-3/ county) (State)		
ION REMOVAL (Specify)	10 1 2	+ 1			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTO	neycoron /	bress		
OV 1 61051	MAR O O A	9 1 1	Find Ind		
	in	room saney	our ona		
VS 150	970 ST		930		
	, , , ,		10-		



Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECKASED Type or Print) OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. ADDRESS (If rural-give location) Mon c. Length of stay in Baltimore Down 6. COLOR OR RACE AGE (In year If Under 1 Year 7. SINGLE, MARRIED DOWED, DIVORCED (Specify) last bir (hday) Months: Days Hours: Min. 12. CITIZEN OF g most of working life, even if r tired) WHAT COUNTRY 13. FATHER'S NAME MAIDEN NAME Martin E. Rohrback 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRES 5-03-5073 NTERNAL BETWEEN 18. CAUSE OF DISEASE OR CONDITION DIRECTLY Rheumatic cardiovascular disease 2 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) NJURY NOT WHILE WHILE AT WORK 3. 1977, to November, 1957, that I last saw the 22. I hereby certify that I attended the deceased from /10 deceased alive on NOV and that death occurred at m., from the causes and on the date stated above. 23c. ØATE/SIGNED 234 SIGNATORE 10N, REMOVAL (Specify) (State) Woodlawn, Md. Lorraine Cemetery Burial

VS 150

DATE RECEIVED BY

REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

4510 Liberty Heights Ave.

25. FUNERAL DIRECTOR

MILBUTTON REHITCALK TO THE PROPERTY OF THE TAR AMERICAN SECTION OF THE SECTION AT THE THIRD AND THE THE CAN CAMBOOK TO THE TOTAL OF THE PARTY. TO STATE OF THE PARTY OF THE PA 

51 9895

CERTIFICATION CE	E OF DEATH Registered No
NAME OF DECEASED Type or Print)  FILE MAY TO ALL	2. DATE OF NAME 12 - 51
B. PLACE OF DEATH:  A. Baltimore City, Maryland BALTIMORE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
S. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NSTITUTION location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
45/5 GARRIS ON AVE YES.	D. STREET ADDRESS (If rural, give lection) township)
Length of stay in Baltimore LIFE Mos. Days  S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years)     Under 1/2 House
W - WIDOWED, DIVORCED (Specify)	MARCH /6 1867  9. AGE (In years   Il Under 1 Year   Il Under 24 Hours   Months Days   Hours Min.
OA. USUAL OCCUPATION (Givekind of rk done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	DARLMINE KLINESMITH  17. INFORMANT  ADDRESS
(If yes, give war or dates of service) SECURITY NO.	EdiTH Todd SAU SAURV
18. 443 X CAUSE CAUSE OF CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rtensive - Cardio - many
injury or complication which caused death.) DUE TO	rascular disease years
DISEASES OR CONDITIONS, IF ANY, GIVING	teriosclerosis
UNDERLYING CONDITION LAST.	
(G)	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY/
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE  WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19t Qto Nor 8 , 1951, that I last saw the
deceased alive on 1957, and that death occur	
4A. BURIAL, CREMA-1 2/4A DATE 12/4C NAME OF CEMETER	29/1 Darrison Jua Nov. 14-1951
ON REMOVAL (Specify)	SATINORS  25 FUNERAL DIRECTOR
OCAL REGISTRAR	25. FUNERAL DIRECTOR SIR GWINNOAK
VS 150	NE AVE

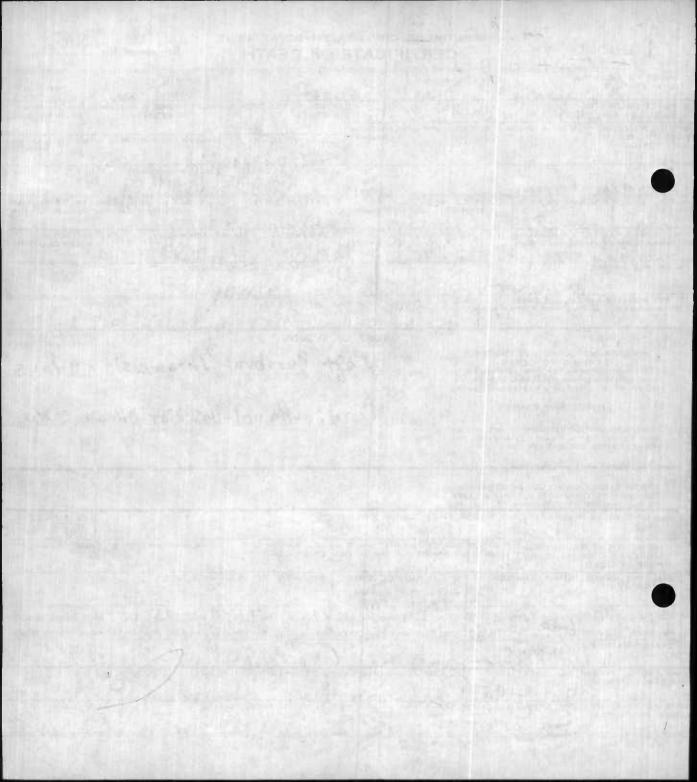
DK. SULLIVAN 2911 GAMEISON

362 51 9896 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9896 Registered No.

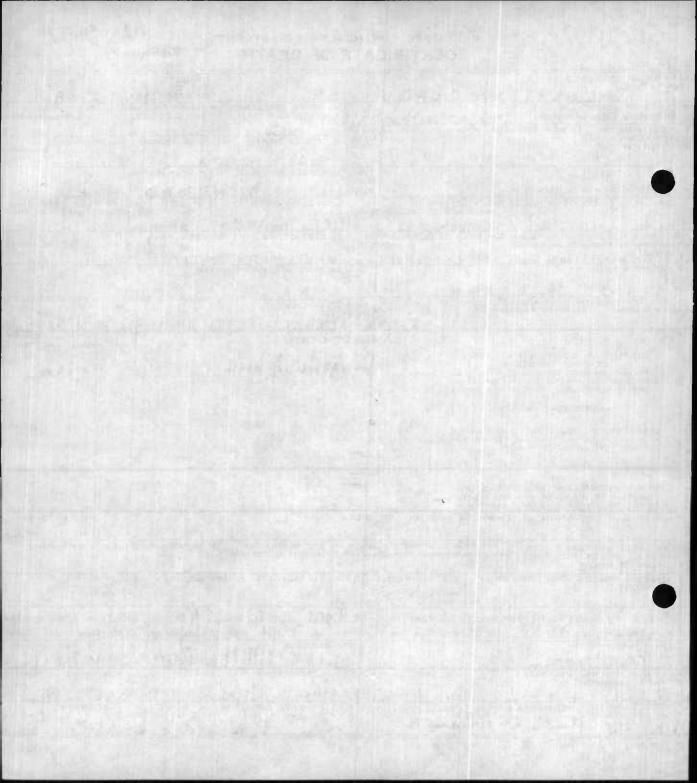
В	RTH NO.					
(T	ype or Print) Therma R. Nieds	enhausen	2. DATE OF DEATH	12-21. wh		
A.	Baltimore City, Maryland Blue Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street a	A. STATE	NCE (Where deceased lived, If	hstitution residence before admission)		
H		location) C CITY OR TOWN	(If outside corporate limits	s, write RURAL and give township)		
-		Yrs. D. STREET ADDRES	SS (Il rural, give location)	10		
c.	th of stay in Baltimore	Mos. Bays 811 Wis	earl tridl			
10	6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCE OF A. USUAL OCCUPATION (Give kind of a done during most of working life, even if fetired)	2 January - 2"	9. AGE (In years Molast birthday) Mo	Under I Year nths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAME	14. MOTHER'S MAI	DEN NAME			
15	S. WAS DECEASED EVER IN U. ARMED FORCEST   16. SOCIAL	unkyo	NTM			
Ye	s, no or unknown) (If yes, give war or dates of service) SECURIT	TY NO. 17. INFORMANT	May 811 Will	DERESS		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Lest Cereb	ral Thrombosis	S Jays		
וכוועטו	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Cardio-Rand	al-Vasculor Dis	20Se 4 WO		
VER III	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
1	19A. DATE OF OPERATION   19B. MAJOR FINDINGS O	F OPERATION		20. AUTOPSY?		
5	21a. ACCIDENT WAS UNDER.   21B. PLACE OF INJUR	RY (e.g., in or   21c. WHERE DI	D (If in Baltimore City, g	YES NO		
1 1	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, at reet, or a contribution of the contribution of th	office bldg.,etc.) INJURY OCCUR	27 (22 in Dazonilote Oldy, §	The exact location,		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE					
	22. I hereby certify that I attended the deceased from the I 50 1957, to 1951, that I last saw the					
	deceased alive on 1951. and that death occurred at 197 m., from the causes and on the date stated above					
	23x. SIGNATURE THE MILES AND A	M. D. (238. ADDRESS	Lothst	23C. DATE SIGNED		
24	AA. BURIAL CREMA- 24B. DATE PAC NAME OF DATE Specify	CEMETERY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRE	CTOR	ADDRESS		
63	11 Cinner He all Min	Bal MM	2016 settingle	100 St		



462 9897

51 9897

BIRTH NO.	red No
(Type or Print)	W 10 . 001
3. PLACE OF DEATH:	ed. If institution: residence
Baltimore City, Maryland 117 MONTFORD AVEA. STATE  B. COUNT  B. FULL NAME OF (If not in hospital or institution, give street advress or VID.	Y before admission)
	limits, write RURAL and give
BALTIMORE	9-03 township)
Yrs. D. STREET ADDRESS (If tural, give location	n)
c. Deth of stay in Baltimore Days 1117 N. MONTFORD	AVE.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE (In year	rs   H Under   Year   H Under 24 Hours   Months   Days   Hours   Min.
VIALE WHITE WIDOWED OCT. 7-1887 644M	
ICA. USUAL OCCUPATION (Give kind of porking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
LERK-SANITATION DEPT CITY OF BALTO. BALTIMORE MID	
13. FATHER'S NAME	
CHARLES B. CLARK EMMA JANE COO	K
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS
217-05-7244 RLBERT W.CLARK JR-111-	
18. 581.0 CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	1111
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
	20. AUTOPSY?
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	YES NO
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	YES NO
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT NOT WHILE	YES NO
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK AT WORK	YES NO City, give exact location)
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or line) 21C. WHERE DID (If in Baltimore Course of Death  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK 1 WORK 1 WORK 1 WORK 1 NOT WHILE AT WORK 1 WORK 1 NOT WHILE AT WORK 1 NOT WHILE A	YES NO City, give exact location)  195, that I last saw the
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from the causes and deceased alive on 195, and that death occurred at 111 mm., from the causes and	YES NO
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  NJURY WHILE AT NOT WHILE AT WORK 14 WORK 19 WORK 19 MORE AT WORK	YES NO City, give exact location)  195, that I last saw the
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?  CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  NJURY MALLE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19. and that death occurred at 1. 1 m., from the causes and 23A. SIGNATURE 23B. ADDRESS  M. D. 21b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID (If in Baltimore C INJURY OCCUR?  INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. How DID INJURY OCCUR?  22g. I hereby certify that I attended the deceased from 23B. ADDRESS  M. D. 23B. ADDRESS	YES NO City, give exact location)  19.5, that I last saw the on the date stated above.
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22I. Hereby certify that I attended the deceased from 10 11 11 11 11 11 11 11 11 11 11 11 11	YES NO City, give exact location)  19.5, that I last saw the on the date stated above.
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR?  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY NOT WHILE AT WORK 23B. ADDRESS  22A. BURIAL CREMI: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, INDIVIDIAL CREMATORY) 24D. LOCATION (CITY, INDIVIDIAL CR	YES NO City, give exact location)  19.5, that I last saw the on the date stated above.
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore CLYING OR CONTRIBUTING) about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK 1 AT WORK 1 AT WORK 1 AT WORK 1 AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1 And that death occurred at 1 And., from the causes and 23A. B GNATURE 23B. ADDRESS  24A. BURIAL, CREM. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, ION, REMOVAL (Specify) 24D. LOCATION (City, ION, ION, ION, ION, ION, ION, ION, ION	195, that I last saw the on the date stated above.  23c. DATE SIGNED town, or county) (State)
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR?  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY NOT WHILE AT WORK 23B. ADDRESS  22. I hereby certify that I attended the deceased from deceased alive on 23A. B GNATURE 23B. ADDRESS  M. D. 24A. BURIAL, CREMI: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, INDICATION, REMOVAL (Specify) REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	195, that I last saw the on the date stated above.  23c. DATE SIGNED town, or county) (State)
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore CLYING OR CONTRIBUTING) about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK 1 AT WORK 1 AT WORK 1 AT WORK 1 AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1 And that death occurred at 1 And., from the causes and 23A. B GNATURE 23B. ADDRESS  24A. BURIAL, CREM. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, ION, REMOVAL (Specify) 24D. LOCATION (City, ION, ION, ION, ION, ION, ION, ION, ION	195, that I last saw the on the date stated above.  23c. DATE SIGNED town, or county) (State)



	HEALTH DEPARTMENT  TE OF DEATH  Registered N	9898
BIRTH NO.	TE OF DEATH Registered N	)
1. NAME OF DECEASED	2. DATE	
(Type or Print)	er(or) Wenner   DEATH NOV	16-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland  Balto	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address	— I	belove admission,
HOSPITAL OR locati	on) C. CITY OR TOWN (If outside corporate limits,	write RURAL and give
120 S. Durham St	Balto 2-0	Lownship)
Yı	rs. D. STREET ADDRESS (If rural, give location)	0.1
c. I th of stay in Baltimore 48 Yrs De	120 S. Durham	57.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe		ths Days Hours Min.
F. W. Widowed	Oct-27-1872 79	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		12. CITIZEN OF
rock done during most of working life, even if retired) At Home	Germany	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. G. N.
206424 4406	Fraisting Honda	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL	17. INFORMANT	DASS
Yes, no or unknown) (If yes, give war or dates of service)	177	
// BI	E OF DEATH	INTERVAL BETWEEN
420.01	0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	homie reglistes Neuro cherlie Least desa	3da
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	visite / cq values	- Quap
injury or complication which caused death.) DUE TO	-	
ANTEGEDENT CAUSES	aleman of to Ad	
DISEASES OR CONDITIONS, IF ANY, GIVING	very being keep week	<b>X</b> .
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office b		ve exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCU	PRRED 21F, HOW DID INJURY OCCUR?	
WHILE AT NOT WI		
m. WORK AT WO	WV 13 , 1951, to how 16 , 195"	., , , , , , , , , , , , , , , , , , ,
22. I hereby certify that I attended the deceased from_		
deceased ative on the 1951 and that death of	courred at 3: 49 ht, from the causes and on the	23c. DATE SIGNED
11 2101	116 St 12 20 51	10/06/51
M. D.  24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEM	ETERY OR CREMATORY   24D. LOCATION (City, town,	or county) (State)
FON REMOVAL (Specify)	0 1 0 1 0 0	1410
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	TE DERENE VISE OF YOU	ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	11 ' 00	1 .1
101 101931 Tematically Milliams, Mar	Chapel Bros. 1800 F. H	hbard Ot
VS 150	0 1 3	, ,
		13115

THE RESERVE OF SHIPE Dr. Chief 

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE. (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased Lved. If institution: residence Mofore admission) A. Baltimore City, Maryland / A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE. 8. DATE OF BIRTH II Under 24 Hours WIPOWED, DIVOROD (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Fork dooe during not of working life even if retired) YI. BIRTHPL CE (State or foreign country) 12. CITIZEN OF INDUSTRY VHAT COUNTRY? 13. FATHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, oo or unknown) (1) yes, give war or dates of service) one 18. L BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. CERTIF OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e.g., io or ) about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

NOT WALLE WHILE AT WORK

deceased alive on 11-15-, 1957, and that death occurred ut

22. I hereby certify that I attended the deceased from.

0940, to Nov 15, 1957, that I last saw the

\_m., from the causes and on the date stated above. 23c. DATE SIGNED

24A

24B, DATE

24C. NAME OF CEMETERY

240. LOCATION (City, town, or county, DIRECTOR

State

DATE RECEIVED BY

EDICAL

REGISTRARIS

ADDRESS

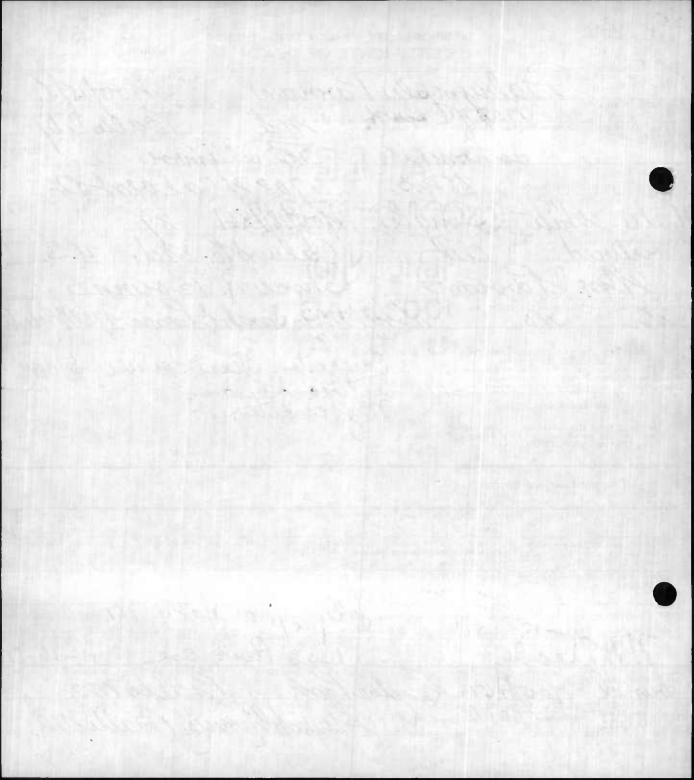
20. AUTOPSY

YES

(If in Baltimore City, give exact location)

D VS 150

LOCAL REGISTRAN



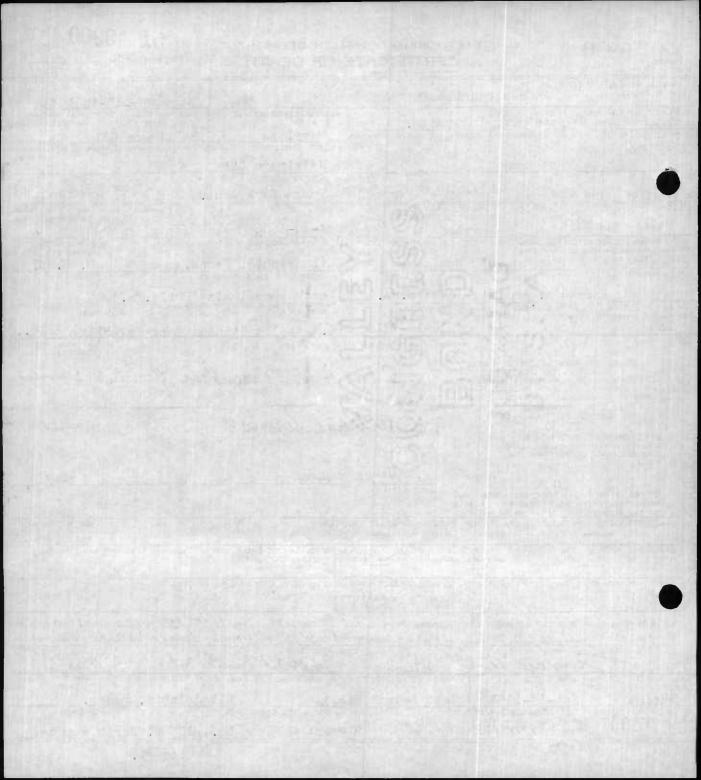
51 9900

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9900

Registered No.

В	RTH NO.		OLI	THE TOATS	E OF BEATT		
1. (T	NAME OF DI		w Voundan T	7A-1-1-		2. DATE OF	
`_			w Maurice I	Lastwick	U. A. LIGHTAN DEGLES (V	DEATH NOV-1	
	Baltimore C	City, Maryland Wy	man Park Ap	ts.	4. USUAL RESIDENCE (V	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of location)						Baltimore	City
IN	ISTITUTION			locationy			s, write RURAL and give township)
		at ho	me	¥7	Baltimore City		
		1 70 111	noonles lis	Yrs. Mos.	D. STREET ADDRESS (If	1 4 4	r)
_	SEX SEX	tay in Baltimore	7. SINGLE, MAR	yezrans.	Wyman Park Apt	9. AGE (In years)	f Under 1 Year   It Under 24 Hours
Ψ,	Male	White		ORCED (Specify)			onths Days Hours Min.
10		CUPATION (Give kind of	Married	ICINIECC OR	Oct-20-1885	1 66 1	10 61717511 65
	done during most o	f working life, even if retired)		INDUSTRY			12. CITIZEN OF WHAT COUNTRY
12	Reti:		Auto Busir		Philadelphia, Pe		U.S.A.
10	. FAIRERS N			(19)	14. MOTHER'S MAIDEN N.	AME	
1.11	WAS DESERVE	Andrew M. Ea	stwick (Phi		Martha MacIlvai	n (Phila.Pa.	)
Ya	s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	of service) S	OCIAL ECURITY NO.	17. INFORMANT	A	DDRESS
	No	None	1216-	-18-7310	Mrs. Estelle Stin	son Eastwick	(wife) Palto.
	18. 33	IV.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		0	1	1	
	(This does	not mean the mode of	of dying, e.g.,	(A) COA	e boul Yaren	Vaer acced	ents 2 muntles
	heart failu injury or	re, asthenia, etc. It mea complication which o	ns the disease, aused death.)	UE TO			
7		ANTECEDENT CAUS	) ES	(B) arle	iosclerisis		3 yrs
2		OR CONDITIONS, I		UE TO			
	UNDERLY	ING CONDITION LA	IST.				
	The state of			(c) Hyper	Terrain		5ms
1	OTHER C	II IGNIFICANT COND		(0)			0/0
1	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
		F OPERATION 1	98, MAJOR FINDI		RATION	**** * * * * * * * * * * * * * * * * * *	20. AUTOPSY?
1		-					YES NO
2		NT, SUICIDE,		INJURY (e. g., in		If in Baltimore City,	give exact location)
1	HOMICIDE	(Specify)	about home, farm, facto	ry, street, omce bidg.,	etc.) INJURY OCCUR?		
_		Month) (Day) (Year)	(Hour)   21E. IN	JURY OCCURR	ED 21F, HOW DID INJURY	Y OCCUR?	
	YRULN		WHILE AT				
	22 7 7		m.   WORK	AT WORK	93/ 10 10/	1/15/10/ 10	47.04.7.7004.000.47
		y certify that I att			rred at 4:40 m., from t		, that I last saw the
	23A. SIGNAT		2, 19 and th		3B. ADDRESS	ne causes and on t	23c. DATE SIGNED
	-	Trancio	m. Thur			l st	
2	4A. BURIAL, C	REMA- 248. DATE			RY OR CREMATORY   240. L	OCATION (City, town	, or county) (State)
110	on, removal (S) Burial	Nove17+1	OFT West	Laurel H	311 Phi	ladelphia, P	enna
D.	ATE RECEIVED	BY LREGISTRAR	S SIGNATURE	Daulel II	25. FUNERAL DIRECTOR	zanozpiiza, -	ADDRESS
1	JAN HE CHELL	BAR Hauter to	7 Milliams	MJ S	tewart & Mowen Co	- 108 W. No.	rth Avenue
Ø ,	VC 150			4			1 11 21 01140
	VS 150	19.		2906	J	City #1.	83a
			4				0 000



Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE OF WOJCTECH J. JANOWSKI DEATH November 4. IISHAL RESIDENCE (Where deceased lived If institution : residence 3. PLACE OF DEATH: B. COUNTY hefore admission) A STATE A Baltimore City, Maryland Maryland B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 921 Fell Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mag 921 Fell Street 59 vrs. th of stay in Baltimore Days 6 COLOR DE RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Montha: Days Hours: Min. WIDOWED DIVORCED (Specify) Male White Marri ed Feb. 23. 1868 TOR KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of INDUSTRY WHAT COUNTRY? ork done during most of working life, even if retired) none 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME John Janowski Frances 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Veronica Janowski-921 Fell Street CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 101 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION NO X YES ' 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. FXTERNAL CAUSE WAS about home farm factory street office bldg. etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT AT WORK WORK I certify that I took charge of the remains described above, held an \_ inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident , sweide , homicide , undetermined . 23A. SIGNATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR . 24A. BURIAL, CREMA-ION, REMOVAL (Specify)

V S 151

ATE RECEIVED BY

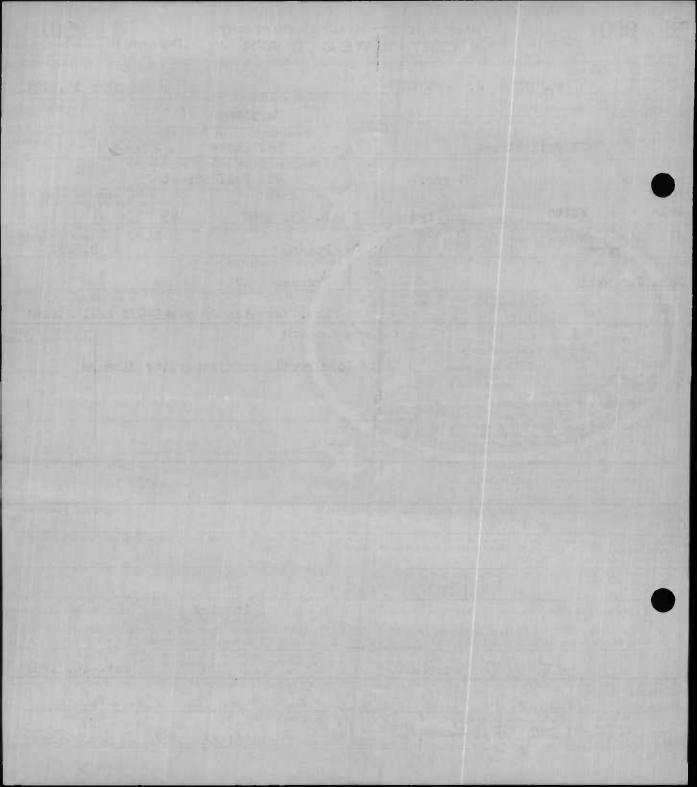
OCAL REGISTRAR

REGISTRAR

S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



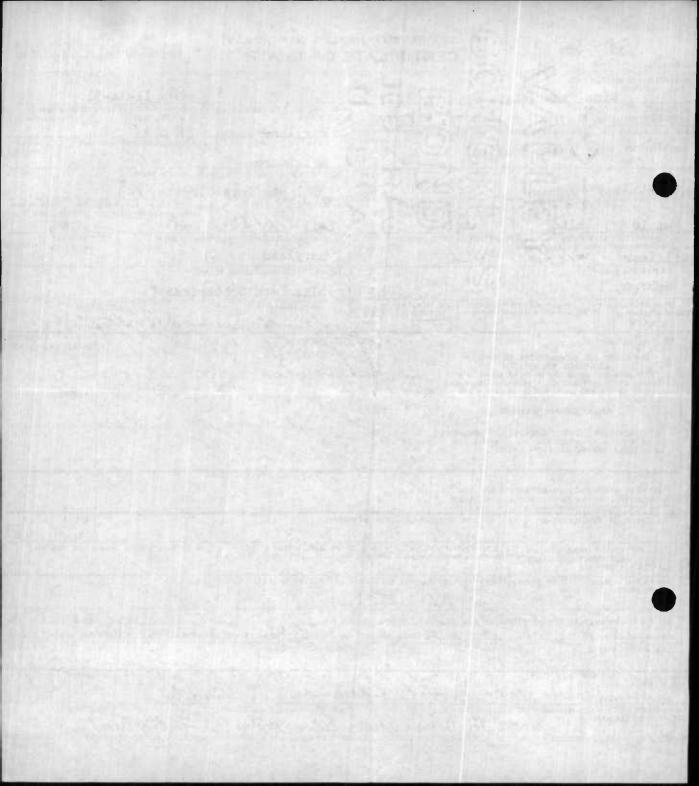
260 9902

## BALTIMORE CITY HEALTH DEPARTMENT

9002 Registered No

	NO.	

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered	1105
I. NAME OF D	ECEASED			2. DATE	
	Miss Anne Yea	ger		DEATH 11-	
B. PLACE OF D	City. Maryland	altimore, Maryland	4. USUAL RESIDENCE (	Where deceased lived, I B. COUNTY	If institution: residence before admission)
FULL NAME		al or institution, give street address o		USA	
HOSPITAL OR	St. Agnes Ho	location	c. CITY OR TOWN (I	f outside corporate lim	its, write HURAL and give township)
IEA =		opioai	Baltimore	40	-06
		55 Yrs Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	stay in Baltimore	Days	3161 Stafford		3
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		H Under 1 Year H Under 24 Hours I Min.
Female	White	Single.	6011-1896	55	
OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Millimer	- sief Prof.	Hato	Maryland		WHAT COOKING
3. FATHER'S	NAME 0	(13)	14. MOTHER'S MAIDEN N	AME	
George			Elizabeth Schw	vartzkopf	
5. WAS DECEASE	ED EVER IN U. S. ARMEI		17. INFORMANT		ADDRESS
(es, no or unknown)	(If yes, give war or date	SECURITY NO.	Elis LA Year	1-31612	ttath If
18. 11	A 2. V	CAUSE	OF DEATH	4 0 0 0	NTERVAL BETWEEN
	SE OR CONDITION	/ \ \	J. J. J.	7	ONSET AND DEATH
	LEADING TO DEA	TH /	lead lead	man	
heart failu	ire, asthenia, etc. It mea	ns the disease,	7.	er dung	
injury or	complication which o	caused death.) DUE TO		1	
	ANTECEDENT CAUS	SES	manhor	10.0	0
DISEASE	S OR CONDITIONS, I	F ANY, GIVING	I MI COUNT		
RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE TO			
		(C)		***************************************	
	The state of the s				
	GIGNIFICANT CONDI				
	ISEASE OR CONDITION		• • • • • • • • • • • • • • • • • • • •		
19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
5	7				YES NO
	R CONTRIBUTING	218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.		If in Baltimore City,	give exact location)
CAUSE OF					
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
		m. WHILE AT NOT WHILE			
22. I hereb	ou certify that I att	ended the deceased from	11/13 , 1951, to	11/14 19	, that I last saw the
deceaseda	. // / /	_ 195/ and that death occu	1 - 0 95/	_ /	the date stated above.
23A. SIGNA		7,	238. ADORESS	4/	J 23C. DATE SIGNED
1//	1 Zal	M. D.	11/ / 1 A.	nes Hos	A11/14/51
ZAA. BURIAL,	CREMAN 248. DATE	24C. NAME OF CEMET		OCATION (City, Yow	n, or county) (State)
Bure	. 11 - 19	. F. Holy al	une 6	Balto.	nd.
DATE RECEIVE	D BY   REGISTRAR	S SIGNATURE,	25. FUNERAL DIRECTOR		ADDRESS
LOCAL REGIST	RAR / Lui	the store Williams, Mill	Seve At who	tartten B	47 Finette St
10V 1619	<del>5                                     </del>		Jan Jen V	7/000	1
V\$ 150		260	6/2		11.15
		270			1146



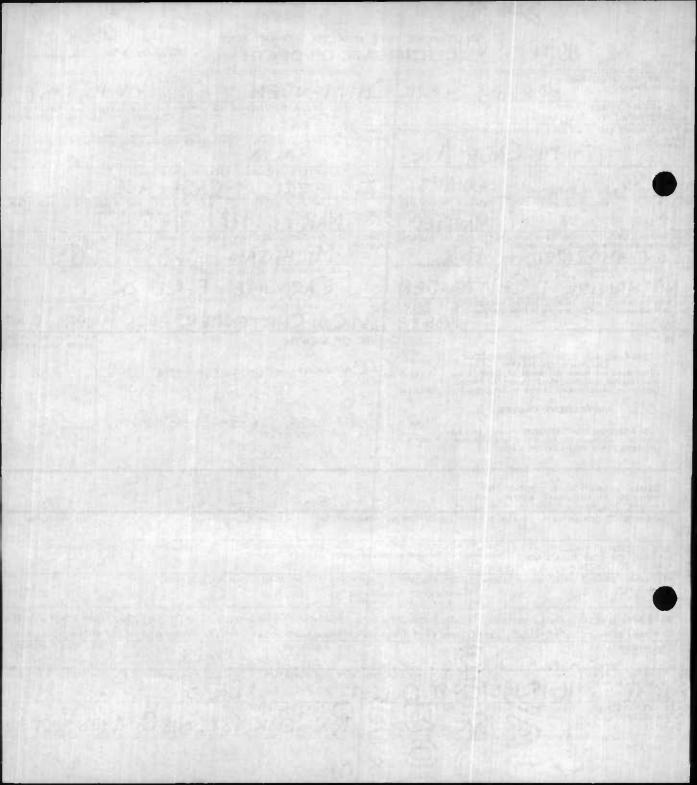
ВІ	RTH NO. 51	9903	BAL (	CERTIFICA	TE OF	DEATH	Regi	stered No.	3903	
1. [T	NAME OF DE	MARY .	PAU/	BOWIE		TELLINA.	2. DATE OF DEATH	Nov.	-16 1951	
٨,		ity, Maryland			A. STAT		(Where decease		stitution : residence before admissio	n
3. 10 N	SPITAL OR STITUTION	Hood Nur	sing Ho	locatio		OR TOWN	(If outside corpo	rate limits,	write RURAL and gi	ve
-		ay in Baltimore	,4,0077	/ Yrs	5. / .:	ET ADDRESS (	If rural, give loo	7		_
5.	SEX	6. COLOR OR RACE	WIDOWI	, MARRIED, ED, DIVORCED (Speci	8. DATE	OF BIRTH	9. AGE (in	years # Un	hs Days Hours Mir	HS
Orb	done during most of	CUPATION (Give kind of I working life, oven if retired)		OF BUSINESS OR INDUSTR	RY H BIRT	HPLACE (State or	foreign country	7)/ 13	2. CITIZEN OF WHAT COUNTR	Y
3	FATHER'S N		2 u /1	1	14. MOT	HER'S MAIDE	NAME	an Ic	7,0,4,	_
15 Ya	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFO	PRMANT W.	Bowie	ADE	PRESS (1111) C.	_
NO INCIDIO	(This does beart failur injury or DISEASES RISE TO TH	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	ITH If dying, e.g. ns the disease aused death. ES FANY, GIVING STATING THE	OUE TO	ere by	e tyso	Conte	evoi 108	INTERVAL BETWEE	
1	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT SEASE DR CONDITION	NOT RELATED	D						
1	19A. DATE O	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OP	ERATION				20, AUTOPSY?	
1		ENT WAS UNDER- CONTRIBUTING	21B. PLA	CE OF INJURY (e. g	s., in or 21C.	WHERE DID JRY OCCUR?	(If in Baltime	ore City, giv	re exact location)	
		Month) (Day) (Year)		HILE AT NOT WHI	LE	ULNI DID WOH	RY OCCUR?			
	22. I hereby	v certify that I att		deceased from	orred at	25 Am., from	16-16 the eauses of	,,	that I last saw t	
	23A. SIGNAT	URE Joeus	Sufo	WELL M.D.	23B. ADDR		2000		23c. DATE SIGNE	
Ш	EMOVAL (S)	pecity) N	1951	Seen Seen	Word Nove	1 9	helin	city, town, or	State	)
L(	ATE RECEIVED	RAR	S/SIGNATU	Williams, Mar	25. FUN	SMI INS	Sons C	8 490	S Jork R	2
-	1717 6 10	114			1			-	-	-5

Lo. Howell are car sere Tel Ca 4252

51 9904

Registered No.\_\_\_

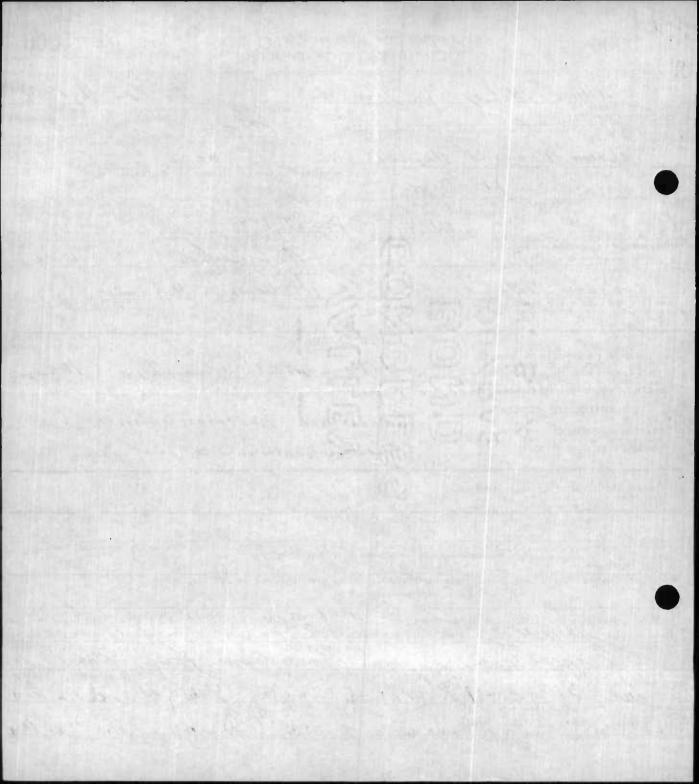
IRTH NO.		
NAME OF DECEASED RANSOM CLARK CHI	TTENDEN 2. DATE OF DEATH NOV. 1	5,1951
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)		
NSTITUTION 720 MCCABE AVE	C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)
th of stay in Baltimore 60 YRS Mos.	D. STREET ADDRESS (If rural, give location)	
Days		. 1 Vers   Milledge 24 House
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	MAR. 27, 1872 9. AGE (in years last birthday) Months	B. Days Hours Min.
DA. USUAL OCCUPATION (Givekindol) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF
CONDUCTOR (RET.)  3. FATHER'S NAME	MICHIGAN	WHAT COUNTRY?
A LA WELL A	14. MOTHER'S MAIDEN NAME	
NATHANIEL I. CHITTENUEN	CAROLINE E. CLARK	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ea, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDI	RESS
NO - 705-09-2857	C.W. CHITTENDEN 6005 PI	NEHURSTKO
/	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	oconary occlusion	12151
heart failure, asthenia, etc. It means the disease,		
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	enandiano as la solución	_
DISEASES OR CONDITIONS, IF ANY, GIVING	analyse or users	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON.	, )	ROLL STORY
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	I hemplegeon	13/1.
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
NJURY  MHILE AT NOT WHILE AT WORK AT WORK		
	S	hat I last saw the
deceased alive on 13, 1951. and that death occur		
		3c. DATE SIGNED
Trederick Q. Wollmer M.D.	6100 book Coad	Lov. 16 1951
4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   240. LOCATION (City, town, or	county) (State)
BURIAL (Specify) 11-17-1951 MT. OLIVET	BALTO.	MD.
ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	DDRESS
OCAL REGISTRAR	H. W. JENKINS & Sous Co. 19:	ns Vnov Kn



	JUJ B		EALTH DEPARTMENT	- 3r 3302	
BIRTH NO.		CERTIFICAT	E OF DEATH	Registered No	-
1. NAME OF DECEAS (Type or Print)	ANN	E MASLI	N	2. DATE OF NOV 15 195	1
Baltimore City,		a 2	4. USUAL RESIDENCE (V	Where deceased lived, If institution: residence B. COUNTY before admissi	
FULL NAME OF	(If not in hospital or instit	n, give street address or location			
NSTITUTION JO	HNS HOPKINS HO		BALTIMOR	outside corporate limits, write RURAL and towns	
c. Length of stay in	n Baltimore	Yrs. Mos. Days	1 0 - 1/.	rural, give location)	_
EMALE M	WIDO	LE, MARRIED.  OWED, DIVORCED (Specify)  RRIED	8. DATE OF BIRTH	9. AGE (In years   H Under I Year   H Under 24 H Months Days   Hours M	081
OA. USUAL OCCUPA	TION (Give kind of 108 KIN	ND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)   12. CITIZEN OF	_
House.		n home	Workolk Va.	WHAT COUNT	37
3. FATHER'S NAME	It also		14. MOTHER'S MAIDEN N	AME	
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	ADDRESS	_
2	co, give was or dates of Bervice)	SECURITY NO.	JOHNS HOPKI		
18. 161X		CAUSE	OF DEATH	INTERVAL BETWE	
LEAD	CONDITION DIRECTLY				
heart failure, asth	nean the mode of dying, e henia, etc. It means the disc ication which caused dea	ase, th.) DUE TO	norrhage from	the neck	0 0 0 1
	CEDENT CAUSES				
	CONDITIONS, IF ANY, GIV	(B) Carci	nome of laryn	X, local extrasion	
RISE TO THE ABO	OVE CAUSE (A) STATING CONDITION LAST.	THE DUE TO 4 9 1	nd natastase	2,	
		(C)	•••••••••••••••••••••••••••••••••••••••		
OTHER SIGNIF	II ICANT CONDITIONS CO				
TRIBUTING TO TH	HE DEATH, BUT NOT RELATED OR CONDITION CAUSING	TED			
19A. DATE OF OPE	RATION   198. MAJO	R FINDINGS OF OPER	RATION		
10-29-5		and the same		20. AUTOPSY	
21A. ACCIDENT W		astroTomy		YES X NO	,
21A. ACCIDENT W LYING OR CON' CAUSE OF DEATH	VAS UNDER- 218. PL	and the same	n or 21c. WHERE DID (I		
LYING OR CONCAUSE OF DEATH	VAS UNDER- 218. PL	ACE OF INJURY & R	n or 21c. WHERE DID (1 etc.) INJURY OCCUR?	f in Baltimore City, give exact location)	?
LYING OR CON CAUSE OF DEATH	VAS UNDER- TRIBUTING   about home	AST TO TO MY ACE OF INJURY (6. g., i e, farm, factory, street, office bldg., (	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City, give exact location)	7
LYING OR CONCAUSE OF DEATH  TIME (Month) NJURY  22. I herebu cert	VAS UNDER. 218. PI TRIBUTING about home  d  (Day) (Year) (Hour)  m.	ASTROTO MY  ACE OF INJURY & g., i. e, farm, factory, street, office bldg., d  21e. INJURY OCCURR  WHILE AT NOT WHILE WORK AT WORK  e, deceased from	ED 21F. HOW DID INJURY	YES NO f in Baltimore City, give exact location)  OCCUR?	4.7.
LYING OR CONCAUSE OF DEATH TIME (Month, NJURY)  22. I hereby cert deceased alive on	VAS UNDER. 218. PI TRIBUTING about home  d  (Day) (Year) (Hour)  m.	ASTROTO MY  ACE OF INJURY 6. g., if e, farm, factory, street, office bldg., office bldg.	ED 21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY	f in Baltimore City, give exact location)  OCCUR?  1-15-, 1951, that I last saw in the causes and on the date stated about	th
LYING OR CONCAUSE OF DEATH  TIME (Month) NJURY  22. I herebu cert	VAS UNDER. 218. PI TRIBUTING about home  d  (Day) (Year) (Hour)  m.	ASTROTO MY  ACE OF INJURY 6. g., if e, farm, factory, street, office bldg., office bldg.	ED 21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY	f in Baltimore City, give exact location)  OCCUR?  1-15-, 1951, that I last saw in the causes and on the date stated about	th
LYING OR CONCAUSE OF DEATH TIME (Month, NJURY)  22. I hereby cert deceased alive on	VAS UNDER. 21B. PI TRIBUTING about home  () (Day) (Year) (Hour)  m.  ify, that I attended the control of the co	ASTROTO MY  ACE OF INJURY 6. g., if e, farm, factory, street, office bldg., office bldg.	ED 21c. WHERE DID (1 INJURY OCCUR?  ED 21f. HOW DID INJURY  26 - , 1951, to 1  Tred at 4 m., from the control of the control o	f in Baltimore City, give exact location)  OCCUR?  1-15-, 1951, that I last saw in the causes and on the date stated about	th
LYING OR CONCAUSE OF DEATH  22. I hereby cert deceased alive on 23A. SIGNATURE  4A. BURIAL. CREMA- ION REMOVAL (Specify)	VAS UNDER. 21B. PI TRIBUTING about home  () (Day) (Year) (Hour)  m.  ify, that I attended the control of the co	ACE OF INJURY 6. g., ie, farm, factory, street, office bldg., e, farm, factory, street, office bldg., and while at work e deceased from and that death occur and the dea	ED 21F. HOW DID INJURY  21F. H	roccur?  1-15-, 1951, that I last saw the causes and on the date stated about 23C. DATE SIGNED CATION (City, town, or county)  OCATION (City, town, or county)  (State of the causes and continuous county)	th
LYING OR CONCAUSE OF DEATH  TIME (Month)  NJURY  22. I hereby cert deceased alive on 23A. SIGNATURE	VAS UNDER. 21B. PI TRIBUTING about home  () (Day) (Year) (Hour)  m.  ify, that I attended the control of the co	ACE OF INJURY 6. g., ie, farm, factory, street, office bldg., e, farm, factory, street, office bldg., and while at work e deceased from and that death occur and the dea	ED 21c. WHERE DID (1 INJURY OCCUR?  ED 21f. HOW DID INJURY  26 - , 1951, to 1  Tred at 4 m., from the control of the control o	YES NO  f in Baltimore City, give exact location)  OCCUR?  1-15-, 1951, that I last saw in the causes and on the date stated about 11-15-5,	th
LYING OR CONCAUSE OF DEATH  TIME (Month, NJURY)  22. I hereby cert deceased alive on 23A. SIGNATURE  4A. BURIAL, CREMA-ION REMOVAL (Specify)  JULIAL  ATE RECEIVED BY	VAS UNDER. 21B. PI TRIBUTING about home  () (Day) (Year) (Hour)  m.  ify, that I attended the control of the co	ACE OF INJURY 6. g., ie, farm, factory, street, office bldg., e, farm, factory, street, office bldg., and while at work e deceased from and that death occur and the dea	ED 21F. HOW DID INJURY  21F. H	roccur?  1-15-, 1951, that I last saw the causes and on the date stated about 23C. DATE SIGNED CATION (City, town, or county)  OCATION (City, town, or county)  (State of the causes and continuous county)	th

Keep der wert in releiem ich Carried as now when heavy low leading as to a said Sugar Traits may

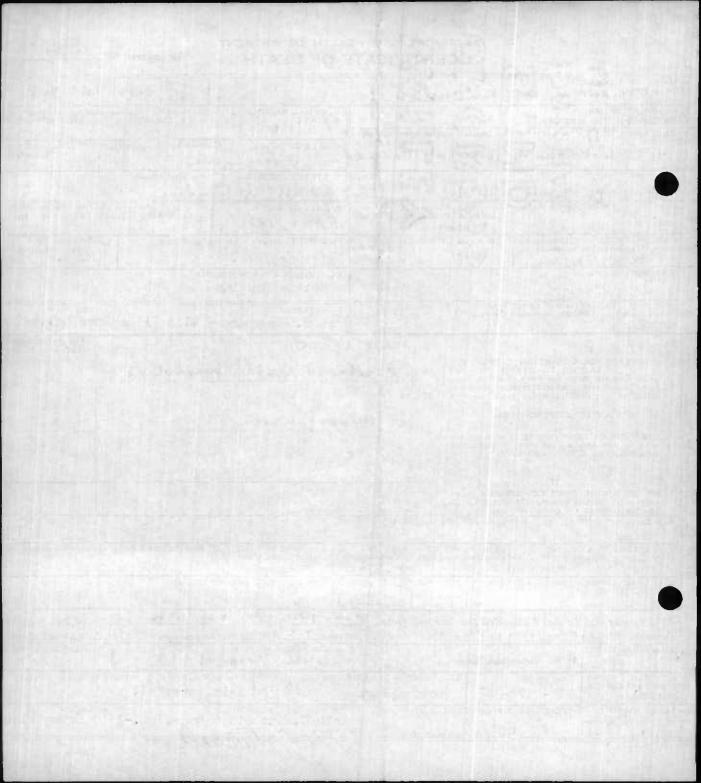
Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) illian McCox DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) neet Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years If Hader 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 1150 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) Generalized Antenioschenosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Hypantensive, untenioschenotic hount dispose OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE 11 - 6-51, 19 , to 11-16-51, 19 , that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 11-16-51, 19, and that death occurred at 2 20m., from the causes and on the date stated above. 24C NAME OF CEMETERY OR CREMA 24D. LOCATION (City, town, or county) CREMA-24B. DATE ON, REMOVAL (Specify) DATE RECEIVED BY OCAL REGISTRAR





54	COOM
gistered No	9907

	9907				TIMORE CITY H		~	1 9907
	RTH NO.				CERTIFICAT	E OF DEATI	The gratefed	
	NAME OF DI	ANN		HUE	MHER		2. DATE OF DEATH	v. 15-44 1951
	PLACE OF DE Baltimore C		aryland			4. USUAL RESIDE	ENCE (Where deceased lived, B. COUNTY	If institution : residence before admission)
В.				al or instituti	on, give street address or location		(10	-
		Luth	reran #	·spital	of Heriland	C. CITT OR TOWN	(If outside corporate lin	nits, write RUIAL and give township)
c.	Ogth of st	ay in	Baltimore	1311 1	Yrs. Mos. Days	7211 1	(If rural, give location)	
5.	SEX	6. COL	OR OR RACE	WIDOW	MARRIED.	8. DATE OF BIRTH	. last hirthday)	H Under 1 Year   H Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CUPATI	ON (Give kind of	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
ork	done during most o			(6.84)	INDUSTRY	Baltimore, 1	Md.	WHAI COUNTRY?
13	FATHER'S N					14. MOTHER'S MA		
	John					Hettie Don	uglas	
15 Ye	, was DECEASE	D EVER	IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	UUK.					Ross D. Shep	pard - 4113 Villa	a Nova Rd., Balto
	18. 33	JX			CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR	CONDITION					
	(This does	not me	an the mode nia, etc. It me	of dying, e. s	(A)	bro-Vascul	as he morrhage	
			enia, etc. It me					
		ANTEC	EDENT CAU	SES	ш.	hen ben sin		
2	DISFASE	OR CO	ONDITIONS,	F ANY GIVE	( )	perteusio	, u	
111	RISE TO T	HE ABO	VE CAUSE (A)	STATING TH				
5	O. ADENE							
_			П		(C)			
とにと	TRIBUTING	TO TH	CANT COND E DEATH, BUT OR CONDITIO	NOT RELATE	.0			
1	19A. DATE O				FINDINGS OF OPE	RATION	SERVE LINE OF THE SERVE	20. AUTOPSY?
S	254 400105	NT CU	ICIDE	1 21n Di (	CE OF INTURY	in or 1 216 WHERE D	UD (If in Politimore City	YES NO
משע	HOMICIDE	(Spec			ACE OF INJURY (c. g., arm, factory, street, office bldg.			, give exact location)
4	210. TIME (	Month)	(Day) (Year	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	
1				m.	WHILE AT NOT WHILE			
	22. I hereb	y certi	fy that I at	tended the	deceased from N	ov. 14-14195	1, to Nov. 15- 4, 19	57, that I last saw the
	deceased al	ive on	Nov. \$5-	19 51,	and that death occu	rred at 7 ! Am.	, from the causes and on	the date stated above.
	23A. SIGNAT		PAU	wire	м. о.	23B. ADDRESS	esp. of Hat.	23c. DATE SIGNED
Z/ TI	4A. BURIAL, CON, REMOVAL (S	REMA- pecify)	24B. DATE 11 - 17	- 51	Loudon Park	ERY OR CREMATORY	Baltimore, Md.	vn, or county) (State)
D	ATE RECEIVE	D BY	REGISTRAR	'S SIGNATU	IRE	25. FUNERAL DIR	ECTOR	ADDRESS
	NOV 171	951	bushing.	tim Noll	Marian Agri	M B W	Sons, Inc	1300 Ed caw 11ac
	VS 150		10	V projection	058	01/10/1	ucuec	X2
					008	SA		83a
-								



INSTITUTION

female

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

В	IRTH N	0.	
***			
9	NIANE	OF	DECEACE

DECEASED (Type or Print)

Parke Berkeley Estep

2. DATE DEATH 11 - 15 - 51

3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR 1914 Park Ave.

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

Maryland

A. STATE

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

C. CITY OR TOWN Baltimore

(If outside corporate limits, write RURAL and give (wnshin)

th of stay in Baltimore 5. SEX 6. COLOR OR RACE

Davs 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) married

Yrs.

Mos.

8. DATE OF BIRTH 9 - 6 - 91

1914 Park Ave.

9. AGE (In years)

If Under 24 Hours last birthday) Months: Days Hours: Min.

ork done during most of working life, even if retired) registered nurse 13. FATHER'S NAME

William Meade Berkelev

white

INDUSTRY

Staunton, Va. 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

35

17. INFORMANT

Ida Dowell

Wyatt B. Estep - 4116 76th St., Jackson Hts.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) CAUSE OF DEATH

D. STREET ADDRESS (If rural, give location)

11. BIRTHPLACE (State or foreign country)

INTERVAL BETWEEN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

194 DATE OF OPERATION () 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (c. g., in or about home, ferm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from July 26 , 1951, to hor 15 , 1951, that I last saw the deceased alive on 15 , 1951. and that death occurred at 6 30 Pm., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-

248. DATE

18 E. Eager St.

11 - 16 - 5124c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

ION, REMOVAL (Specify) burial

11 - 17 - 51

Loudon Park

Mr. Wills 058

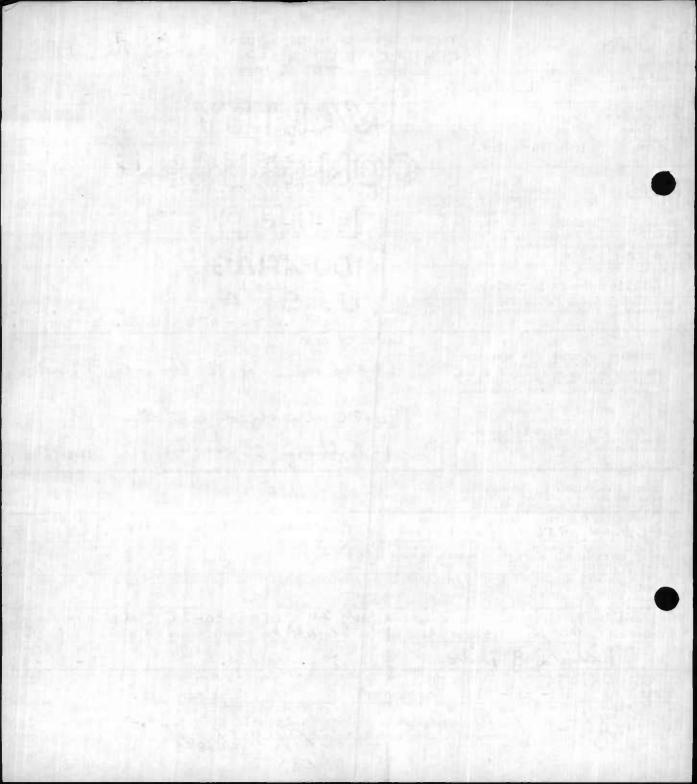
Baltimore, Md. 25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY

REGISTRAR'S SIGNATURE tusting of Hollands, Make

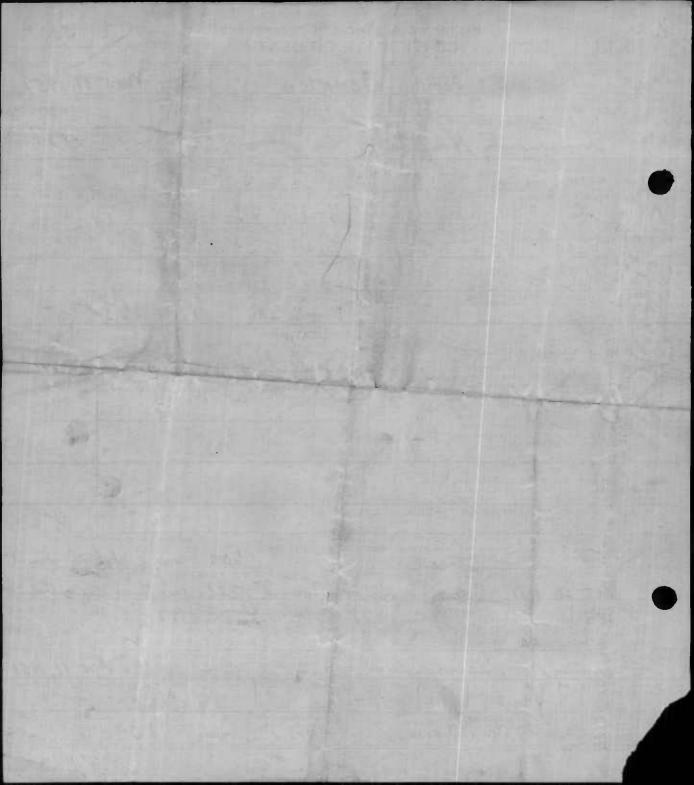
John O. Mitchell & Sons, Inc .- 1900 Eutaw Place



525 9909
1. NAME OF DECEAS

# CERTIFICATE OF DEATH Statement Statement Registered No. Registere

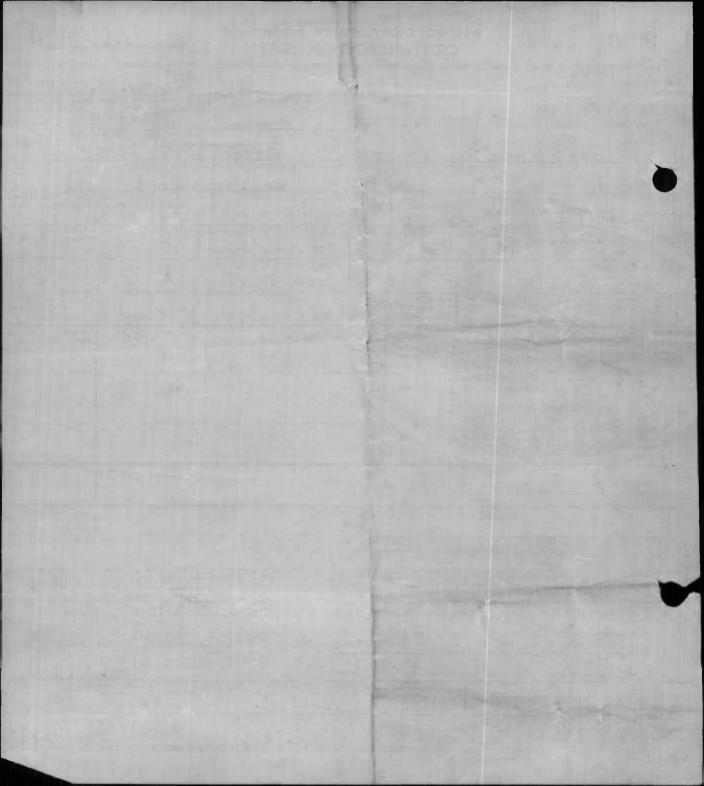
SIRTH NO.						
NAME OF DECEASED Type or Print)  PEMCE To	HNSON 2. DATE OF DEATH NOT 11, 1951					
B. PLACE OF DEATH:  Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)					
D. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NSTITUTION Hospital Forpital	C. CITY OR TOWN (If outside corporate limits, write RUKAL and give township)					
Yrs. Mos. Days	D. STREET ADDRESS (If reral, give location)					
6. COLOR OR RACE 7. SINGLÉ, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) If Under I Year   If Under 24 Hours					
OA. USUAL OCCUPATION (Give kind of rik done during most of working life, even if retired)  IOB. KIND OF BUSINESS OR INDUSTRY	1). BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY					
Vander Robison	Sarah Johnson.					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (ee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Minnie MC. Buell shoon 6 2 & Fulton W.					
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  CAUSE OF DEATH  (A)  Cotton of Death  (A)  Cotton of Death  (B)  DUE TO Stab wound of Death  (B)  DUE TO Stab wound of Death  (B)  DUE TO Stab wound of Death  (C)  (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
21A. EXTERNAL CAUSE WAS UNDERLYING POR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., i. about home, farm, factory, street, office bidge, i. about home, farm, fa	ED 21F, HOW DID INJURY OCCUR?					
	Autopsy, Institution of Inquiry Inquiry, find that said deceased died on the day stated above    Autopsy, Institution of Inquiry   Inqui					
248. BURIAL, CREMA- LION, REMOVAL (Specify) 11-19-51 Palto Ma	ASSISTANT MEDICAL EXAMINER WOULD PROPERTY (State)  RY OR CREMATORY 24D. LOCATION (Gity, town, or county) (State)					
REGISTRAR REGISTRAR'S SIGNATURE 71951	Walter B. Jayep 139 W. Hamlung					
N - 868.2 970.	30					



5	16	
1	9910	

Registered No. 99:0

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF N = 3.5 3.053
NEIL CHAMBE	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write EURAL and give township)
South Baltimore General Hospital	Baltimore F3
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. The of stay in Baltimore Days	1/4 W. Cross Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I funder I Year last birthday) Months Dnys Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Link & Rag factry	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME LAG	Cora Martin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT PRIL Chambers . 12 11 Rode asland for E.
18. 00 2 X , CAUSE	OF DEATH INTERVAL BETWEEN
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	onary tuberculosis
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or   21c. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR INJURY WHILE AT NOT WHILE M. WORK AT WORK	
22. I certify that I took charge of the remains described	above, held an inspection & inquiry thereon and from
and death in my opinion resulted from; natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above $s X$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- 24F. DATE JION, REMOVAL (Specify) 11-17-1951 Rackson	pring 1, 2 Carlina (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS Walter B. Songer - 139 W. Hamley St
V S 151	(2) 128

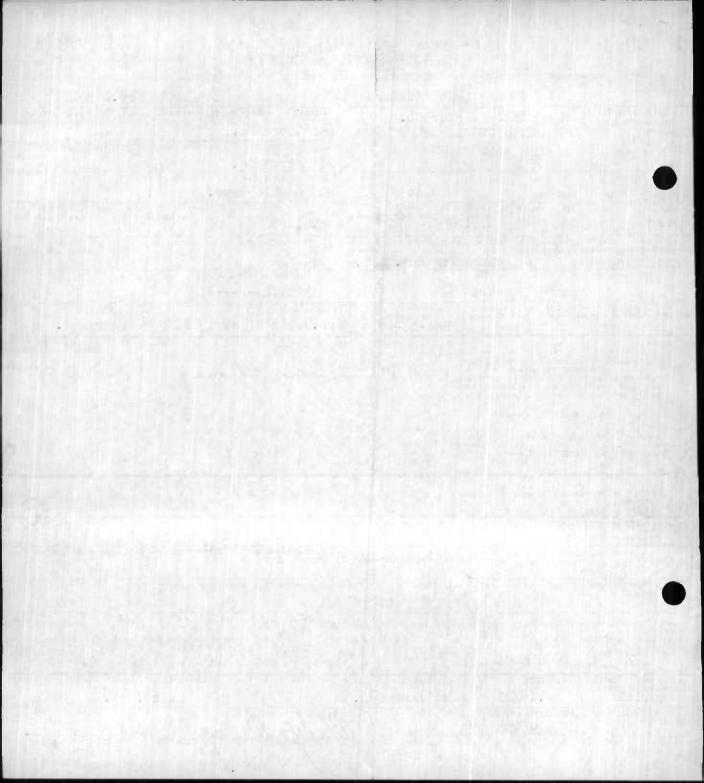


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### BALTIMORE CITY HEALTH DEPARTMENT

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ristered No	COR	

BIRTH NO.			CERTIFIC	CATE	OF DEATH	4	Registere	d No	
1. NAME OF DEC (Type or Print)	2. DATE OF DEATH NOV.13/51								
a. Baltimore Cit	4. USUAL RESIDE				tion : residence before admission)				
B. FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospit	al or institut	tion, give street add	dress or cation)	Baltimore L c. CITY OR TOWN Baltimore L	(If ou	tside corporate li	mits, write	RAL and give township)
c. Length of sta	v in Baltimore		6mons	Yrs. Mos.	D. STREET ADDRE	SS (If rur	al, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.					8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hour			eer   If Under 24 Hours Pays   Hours   Min.	
		Saks.	of Business Indi 5th Ave N	USTRY	Oaklahome 14. MOTHER'S MA Lillian	a. IDEN NAM			ITIZEN OF HAT COUNTRY
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY 565-16-07		17. INFORMANT Mrs.Helen St	tewart	3825 Bee	ADDRES	
CO DISEASES OF RISE TO THE UNDERLYING	EADING TO DEA: oto mean the mode of, asthenia, etc. It mes complication which of NTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA GROUP CONDITION LA GROUP CAUSE (A) OR CONDITION LA	of dying, e., ns the diseaseaused death SES FANY, GIVII STATING TI	(B)	Nay	Jumes : 5	llion			8 /2/
TO THE OIS	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					Harry Control			O. AUTOPSY?
LYING OR	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give end of the bldg., etc.)  INJURY OCCUR?								
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK									
22. I hereby deceased alin 23A. SIGNATU	certify that I att	tended the	deceased from and that death	occur	red at 7 m., 3B. ADDRESS 48/8/ Res	from the		1 23C.	t I last saw the e stated above DATE SIGNED 17,1951
24A. BURIAL, CR TION, REMOVAL (Spe Burial	EMA- 24B. DATE cify) Nov.19/	<b>'51</b>	24c. NAME of Cl		RY OR CREMATORY	240. LOC	ATION (City, to	wn, or cour	
DATE RECEIVED LOCAL REGISTR	BY   REGISTRAR	SSIGNATI	JRE	1	25 FUNERAL DIR	AUVA	. /	ADDR	RESS Bans St.
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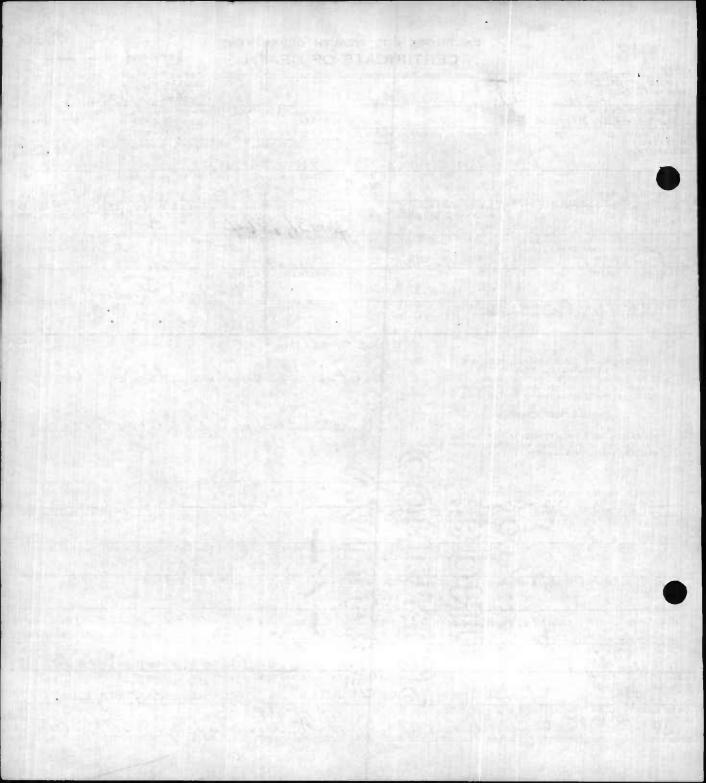
### BALTIMORE CITY HEALTH DEPARTMENT

	16							
11	993	2				EALTH DEPARTMENT		51 99i2
BIR	TH NO. 5	1-26	570	/0	CERTIFICAT	E OF DEATH	Registered	No.
1. N	AME OF D		Boy	Luda	itzke		2. DATE OF DEATH	4/51
	altimore (	EATH: City, Maryl:	and /			4. USUAL RESIDENCE		If institution: residence before admission)
B. FU	JLL NAME			l or institut	ion, give street address or location)		If outside cornorate lin	nits, write RURAL and give
0	THE BA	1ti More	Gener	al Hos	pital	Baltimore	1 outside corporate in	5-0 (wriship)
4					Yrs. Mos.	D. STREET ADDRESS ()		
c. L 5. S		tay in Balti		7 SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
1	ble	(white	R RACE		ED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
OA.	USUAL OC	CUPATION (Cof working life, eve	Give kind of on if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
				_	-	Da Ho.Md.		
0	ATHER'S	IA-II	1	Lible		14. MOTHER'S MAIDEN	NAME	
15.	MAY ICS	ED EVER IN U.	NILL	MIJSK	LIE SOCIAL	Mirian William	hudwitzke	
00, E	o or unknown)	(If yes, give	war or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	(This does heart failuinjury or DISEASE:	SE OR COND LEADING I on the mean the re, asthenia, et complication  ANTECEDEN SOR CONDITHE ABOVE CA YING CONDITHE	FO DEAT e mode of tc. It mean which ca IT CAUSI TIONS, IF	H dying, e.g. ns the disease aused death	(B)	maturity		
	TRIBUTING	IIGNIFICANT TO THE DEAT ISEASE OR CO	CONDIT	NOT RELATE	D			
	9A. DATE C	F OPERATIO	ON 0   19	B. MAJOR	FINDINGS OF OPER	RATION	ilit pi sa escuri	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJU.							(If in Baltimore City	yes No
						RY OCCUR?		
	22. I hereb	y certify th	at I atte		deceased from_uli	3\51 , 19, to	11/4/51 , 19	, that I last saw the
	lcceased a	live on	114121	, 19		rred at 12:54 Am., from	the causes and on	
1	3A. SIGNA	Ufred	Bi	Zulon		238. ADDRESS 213 light St.		ILE I
24A	BURIAL.	EREMA- 24B. Specify;	DATE ////	151	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	vn, or county) (State)
NO	RECEIVE	CAM.	ISTRAR'S	ton Will	liams, Mil	25. FUNERAL DIRECTOR	Dill so	ADDRESS
	VS 150		48					

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### BALTIMORE CITY HEALTH DEPARTMENT

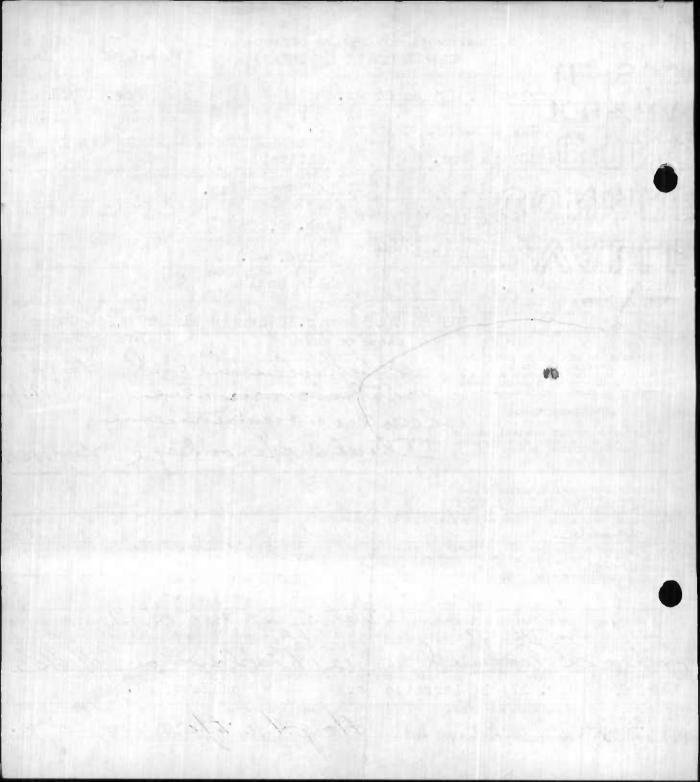
Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 06 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION 26 Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) it Under 1 Year DATE OF BIRTH If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) state or foreign country 108 KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Meropa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or onknown) (If yes, give war or dates of service) 3Lth. SECURITY NO. J.Murray Sweeney INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK 19 5% to . 195 / that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 11/14 1951, and that death occurred at 5 22 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Burlal New Cathedral Baltimore, Maryland. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE



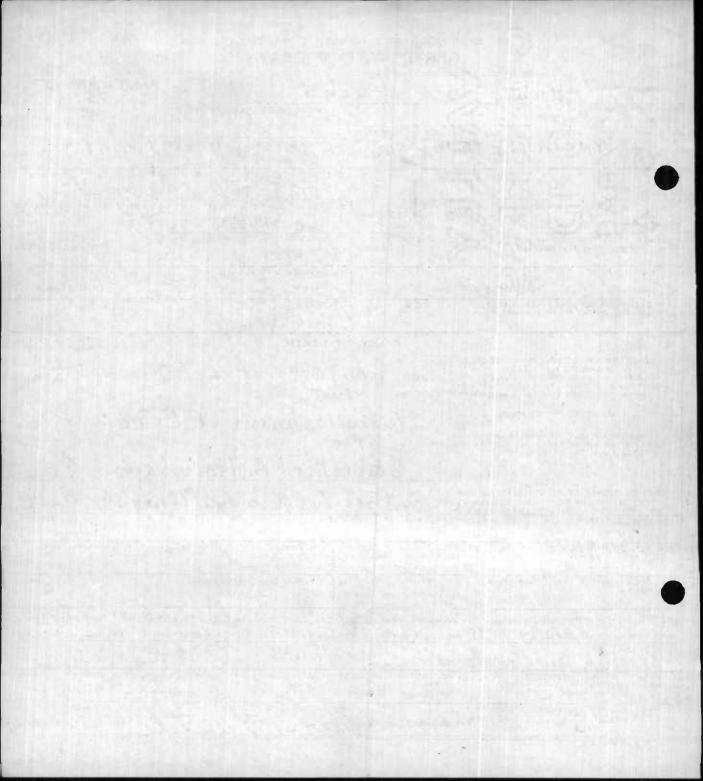
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BIRTH N	10.	

Registered No. 9914

I. NAME OF DECEASED (Type or Print) 2. DATE OF Charles Linhardt Jr. Nov. 15/51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE: (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Aownship) 344 Gwynn Ave. Baltimore D. STREET ADDRESS Yrs. (If rural, give location) Mos Life 344 Gwynn Ave. c. Length of stay in Baltimore Days 9. AGE (In years) If Under I Year Hunder 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH TANDOWED DIVORCED (Specify) White ale Feb. 6,1892 II. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) Automatic WHAT COUNTRY? Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Ruzika Linhardt Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Mrs. Katherine Linhardt. 344 Gwynn INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY none 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) NJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE ATT NOT WHILE! 22. I hereby certify that I attended the deceased from Oct 5, 1957 to 2001 15, 1957, that I last saw the deceased alive on Wor 74, 1937, and that death occurred at / A.m., from the gauses and on the date stated above. 28A) SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-24D. LOCATION (City, town, or county) TION REMOVAL (Specify) Woodlawn, Md. Lorraine Park DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE NOVEMBER 15 (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR PINE CREST HOSPITAL OR (If outside corporate limits) writ RURAL and give township) ADDRESS (If rural, give location) Vrs. c. Length of stay in Baltimore Days SINGLE, MARRIED If Under 1 Year 5. SEX 6. COLOR OR RACE li Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) emale 11., BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES enteriosclerosis of Extrem-DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. schenalized Apteniosclenais H OTHER SIGNIFICANT CONDITIONS CONue Decemberal Thromboses TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION EDICA 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 1950, to No urk ben 5.195/, that I last saw the 22. I hereby certify that I attended the deceased from Sept. 11 deceased alive on Nov 14, 19 51, and that death occurred at 1. 50 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A, SIGNATURE BURIAL, CREMA-24B. DATE TYON, REMOVAL (Specify) W. FUNERAL DIRECTOR ADDRESS-DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR vs 150

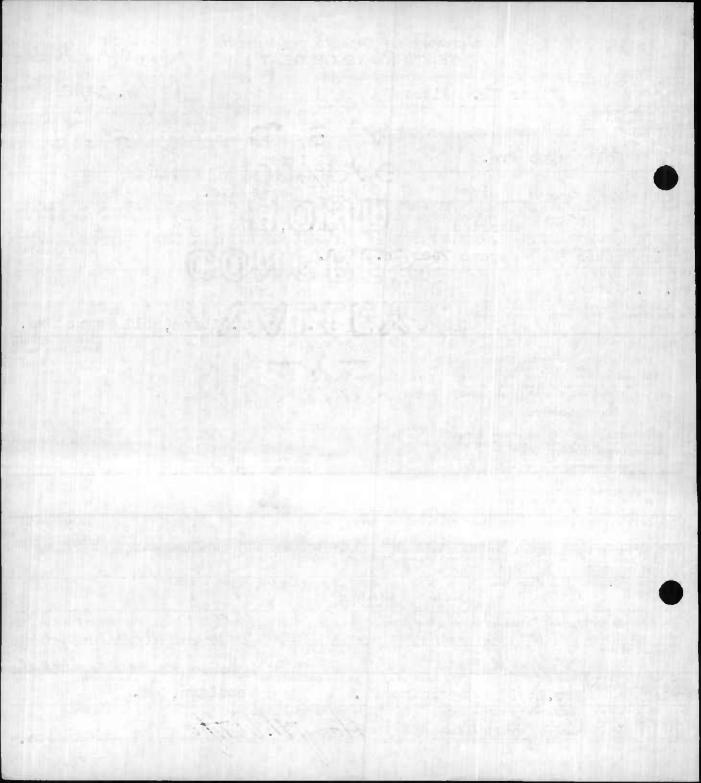


### BALTIMORE CITY HEALTH DEPARTMENT

CEPTIFICAT	E OF DEATH Registered No. 3916
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) OSCAT M. Gibson	2. DATE OF NOV. 14/51
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 5511 Wayne Ave.	
c. Length of stay in Baltimore Life Yrs.  Mos. Days	o. STREET ADDRESS (If rural, give location)  5511 Wayne Ave.
5. SEX   6. COLOR DR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	B. DATE OF BIRTH 9. AGE (in years)   Under 1 Year   Il Under 24 Hours
10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) Sugene Beer NOUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Wm. M. Gibson	14. MOTHER'S MAIDEN NAME Alice Kirby
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO. 21.2 03 2967	17. INFORMANT ADDRESS ADDRESS AUC. Rose L.Gibson, 5511 Wayne Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	OF DEATH  Sual benoches  Russon onglis.
UNDERLYING CONDITION LAST.  (C)	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF NJURY OF WHILE AT WORK AT WORK	
I no con corting that I accorded the deceased from	946, 19 to 19 19 that I last saw the arred at 930 m., from the causes and on the date stated above
	238. ADDRESS 23c. DATE SIGNED
24a. BURIAL, CREMA: 24B. DATE 124c. NAME OF CEMETE 110N. REMOVAL (Specify) 110v.19/51 Lorraine Pk.	77-
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25/FUNERAL DIRECTOR ADDRESS

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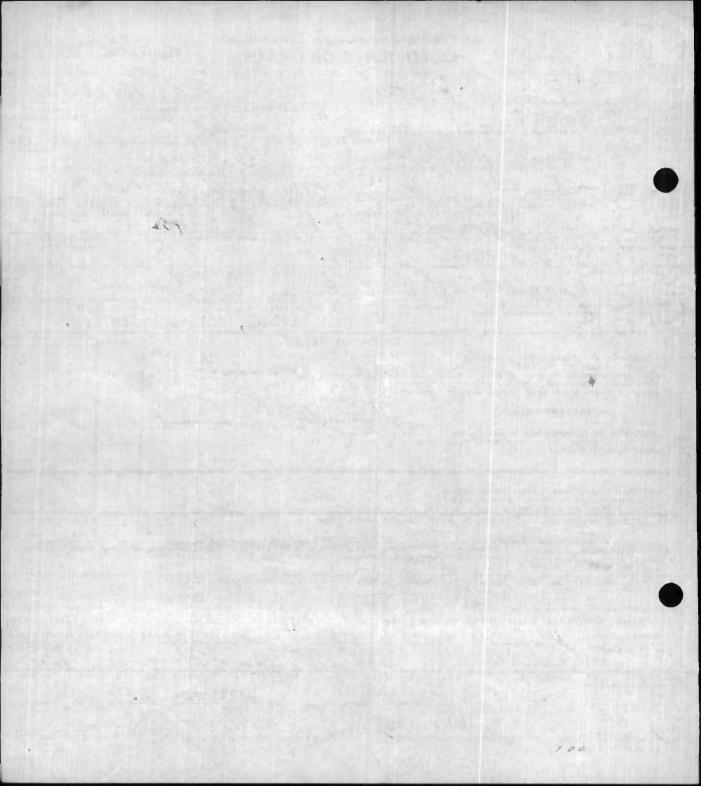


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BIRTH	NO.

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	9917
registered No	- Children

1	3911			CERTIFICA	TE	OF DEATH	Register	red No_	331/
=	RTH NO.						1		
	NAME OF DECE ype or Print)	Eds	gai H.	Pastie			2. DATE OF DEATH /	1/-/.	5-1951
	Baltimore City,					STATE	Where deceased live		itution : residence , before admission
	FULL NAME OF	(If not in hospit	tal or institut	tion, give street addres		maryla	ut 13	allen	non
	STITUTION	- 1- 1-	Mar	Intal locati	c C	CITY OR TOWN	1-4,		rite RURAL and give township
4	7/	- Mynus	1900	prou-		124	timore		
	heigth of stay	in Baltimana	Life	M	os.	. / / / / //	hview (	_	K900
_		OLOR OF RACE	7. SINGL	E, MARRIED.	ays   8	DATE OF BIRTH	9. AGE (In yea	rs It Under	
4	uale !	liste		VED, DIVORGED (Spe		-6-	last birthday	) Months	Days Hours Min.
To	A. USUAL OCCUP	ATION (Give kind of	10B. KINI	OF BUSINESS OF	1	I. BIRTHPLACE (State or	foreign country)	12.	CITIZEN OF
S	done during most of wor			GAS & CLEE	40 1 1111	d.			WHAT COUNTRY
13	FATHER'S NAM	E			14	MOTHER'S MAIDEN	NAME /	1	
		Hovan	14	astie	1	Emma B	uchma	sler	
15 Ye	. WAS DECEASED E	ER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO	17	7. INFORMANT		ADDR	ESS
( ~ ~				SECORITY	Ru	th Fastie, 4	301 Highv	iew A	lve.
	18. 340	. 1		CAUS	E OF	DEATH			INTERVAL BETWEEN
		R CONDITION		1	1.	· cua '	4.		7
	(This does not	mean the mode of	of dying, e.		laza	ing CNS infer	·ho		
	injury or com	plication which	caused deatl	a.) DUE TO					
	ANT	ECEDENT CAUS	SES	Man	-	iti-P			
Z 0	DISEASES OF	CONDITIONS,	F ANY, GIVII	(B)	0	por onem		*******	
Ē		BOVE CAUSE (A)		HE DUE TO					
Ö	TO BOTTON			(C)	*********	***************************************			
1		11					I Get out to	167 119	
ER	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	ED					
U	19A. DATE OF O	PERATION .		FINDINGS OF O	PERAT	ION			20. AUTOPSY?
AL						Table of Market			YES NO
DICA	21A. ACCIDENT			ACE OF INJURY (e. farm, factory, street, office b		21c. WHERE DID	(If in Baltimore C	City, give	exact location)
ME	CAUSE OF DEA								
	INJURY (Mon	th) (Day) (Year	(Hour)	21E. INJURY OCCU	36	21F. HOW DID INJU	RY OCCUR?		
			m.	WHILE AT NOT WE AT WO					
	22. I hereby ce	rtify that I at	tended the	deceased from	11	d at 5 1951, to m., from	11/15	195/tl	hat I last saw th
	deceased alive	on 11/15	, 1951.	and that death or	ccurre	d at 3 m., from	the causes and	on the d	late stated above
۱	23A. SIGNATUR	15			238	KODRESS	- There	2	3c. DATE SIGNED
2	4A. BURIAL, CRES	TA- LANDATE	7	M. D. 24C. NAME OF CEM	ETERY	OR CREMATORY   24D.	LOCATION (City,	town, or c	county) (State)
TI	on REMOVAL (Speci Burial	Nov.19	/51	Loudon Parl			timore Md		
_	ATE RECEIVED B					5. FUNERAL DIRECTOR			DDRESS
	OCAL REGISTRAF		iten /	71 4	1	L. 7/1.		7.07	
N	UV 171951	- Carried And	114		77	arry / Y. U	unjus	TOT .	idmondson
	vs 150		1	390 1	F		. 0	X	Ave.
				3/5 3	-	V		8/	a



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BIRTH	NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9918

Registered No.

-							
	NAME OF DE	HEISE	. A.	UNA. A		2. DATE OF DEATH	4-51
	PLACE OF DE Baltimore C	EATH: lity, Maryland	1		A. STATE	E (Where deceased lived, If ins B. COUNTY	titution : residence before admission)
B.	FULL NAME (	F (If not in hospit	al or institut	ion, give street address or location)		/If autoids assessed limits a	
	STITUTION	VERSITY	1+	DSDITAL	c. CITY OR TOWN Baltimore	(If outside corporate limits, y	township)
9				Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.	agth of st	cay in Baltimore		Mos. Days	1821 Chilton	Sb.	
5.	SEX	6. COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Month	ler I Year It Under 24 Hours ns Days Hours Min.
10	female	white	marı		May 28, 1878	73	2. CITIZEN OF
		CUPATION (Give kind of f working life, even if retired)	IOB. KINL	OF BUSINESS OR INDUSTRY		e or foreign country)	WHAT COUNTRY?
13	housewi		at l	nome	Maryland 14. MOTHER'S MAIDE	FAL ALAME	
13					The second second		
15		D. Dreyer D EVER IN U. S. ARMEI	P FORCES	Lie cociai	Anna M. Burme	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Ye	, no or unknown)	(If you, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
	-				Miss Agnes D	reyer- 1821 Child	INTERVAL BETWEEN
	18. 5	92X1		CAUSE	OF DEATH		ONSET AND DEATH
		É OR CONDITION	TH	CHRO	ALC GLAMP	ZULAR NEPHRIT	101
	heart failu	not mean the mode or re, asthenia, etc. It mea	ns the diseas	se,	UREMIA		1090
	injury or	complication which	caused death	.) DUE TO	UKRIMIA		1 . 2/4.
		ANTECEDENT CAUS	SES	AL	ENCE LEFT	L KIDNEY	3040
NO NO		OR CONDITIONS, I		NG			
F		HE ABOVE CAUSE (A)					
ICA			STILL HE	(C)	***************************************	***************************************	
RTIF		11	TIONS				
ER	TRIBUTING	IGNIFICANT COND	NOT RELATI	ED			
U		F OPERATION . 1		FINDINGS OF OPE	RATION		20. AUTOPSY?
AL		0					YES NO
EDICAL		ENT WAS UNDER-		ACE OF INJURY (6. g.,		(If in Baltimore City, giv	e exact location)
	LYING OF	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg.,	SW. / INJURY OCCURY		
Σ	210. TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCURF	ED 21F. HOW DID IN	JURY OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	u certify that I at:	tended the	deceased from 11 -	1 - 5/ 19 t	0 11-14-5-1, 19	that I last saw the
				and that death occu	rred at 1030/am., fr	om the causes and on the	date stated above.
	23A. SIGNAT	TURE	D.		23B. ADDRESS	Lancida 1	23c. DATE SIGNED
	B	my D	The	My 1 N.O.	mirusi!	pospuru	11-14-31
	AA. BURIAL, CON, REMOVAL (S	specify)		24C NAME OF CEMETI		4D. LOCATION (City, town, or	county) (State)
_	Burial	11/17/5	1	St. Paul's		ioletville, Md.	DDRESS
	CAL REGIST	RAR RACISTRAR	Jan IV	Clians, M. H.	25. FUNERAL DIRECT	Ralamo HJ	1000
-	NOV 17	1951			N/MIN Y	www.	IN/I/I
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Elm Helichard From Butter of this.

BALTIMORE CITY HEALTH DEPARTMENT Registered No\_\_ CERTIFICATE OF DEATH 2. DATE OF NOV. 16, 1951 ALGERT H. WINTER Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore Ey Ear & Throot location) C. CITY OR TOWN (If outside corporate limits, write I Ulf AL and give (If rural, give location) Mos. c. Length of stay in Baltimore Days Last birthday) Months Days Hours Min. 6 COLOR OR RACE WIDOWED DIVORCED (Specify) single 108. KIND OF BUSINESS OR OA. USUAL OCCUPATION (Givekind of) CE (State or foreign country) rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY md Balto. City Supervisor Pay Roll U.S. of americ 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 3 18 hoodbourne no CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ceration for remaral of cateract OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? calaract hov. 2, 1951 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 22. I hereby certify that I attended the deceased from Nov 2 deceased alive on hor 16, 1951, and that death occurred at 10.354m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE W. Head DT. SMary L. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 11/19/51 Balto., Md. Burial Balto. Cem. ADDRESS REGISTRAR'S SIGNATURE 25 BUNERAL DIRECTOR DATE RECEIVED BY

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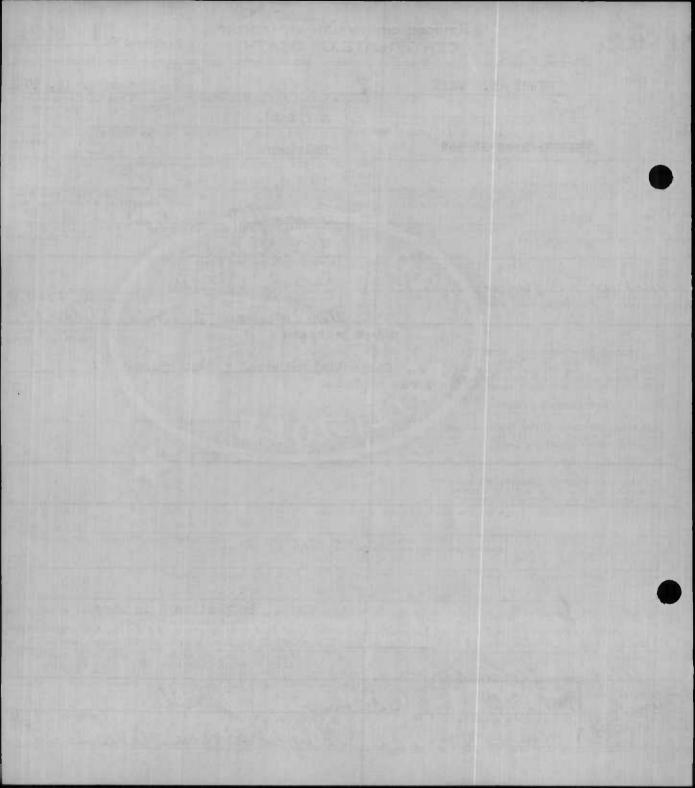
### BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.			CERTIFICAT	E OF DEATH	Н	Registere	d No.	Or Short
1. NAME OF I (Type or Print)		harles	Teige			DATE OF DEATH NO	ov.I5th	1951
	City, Maryland			4. USUAL RESIDE	NCE (Where		L If instituti	
B. FULL NAME HOSPITAL OR INSTITUTION	I549 Ensor	_	location	Or	(If outs			RURAL and give township
c. Length of	stay in Baltimore	50	Yrs. Mos. Days	I549 Ens			)	•
S. SEX	6.COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specif	8. DATE OF BIRTH		AGE (In years last birthday)	Months De	Hours Min.
10A. USUAL OG orkdoneduring most	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	INDUSTR	11. BIRTHPLACE (S	tate or foreig	n country)		TIZEN OF HAT COUNTRY
13. FATHER'S	NAME ? Tei	•		14. MOTHER'S MAI	IDEN NAME			
15. WAS DECEAS Yes, no or unknown No	SED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 215-03-1348	17. INFORMANT Mr.John J.	Teige-	OIB Ove	ADDRES	
C C C C C C C C C C C C C C C C C C C	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION DEATH	TH  f dying, e. g  ns the disease saused death  SES  F ANY, GIVIN STATING TH  GST.  TIONS CON  NOT RELATE	(B)	ensy / h				Juddle.
			FINDINGS OF OPE	RATION				O, AUTOPSY7
LYING CAUSE OF D. TIME INJURY	(Month) (Day) (Year)  by certify that I attallive on It	(Hour) m.	and that death occ	RED 21F. HOW DID	INJURY OC.	15,1	9 /, that n the date	
24A, BURIAL. TION, REMOVAL (	CREMA 24B. DATE Specify) II-I9-	12	M. D.   24c, NAME of CEMET Moreland Memo	ERY OR CREMATORY		TION (City, to		ity) (State)
DATE RECEIVE LOCAL REGIS		S SIGNATU	IRE	George J.Ru	th, Inc.	-1735 Ha	rford	ess Avenue
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BERTHER.		000 10	, Aprile	L system					

500 BALTIMOF	RE CITY HE	12-17-5	NT	54	462	9:
-4 0000		OF DEATH	Register	red No.	00	61
1. NAME OF DECEASED (Type or Print) HENRY C. VAIN				November		1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE Maryland	E (Where deceased liv B. COUNT			ence mission)
B. FULL NAME OF (If not in hospital or institution, give Johns Hockins Hospital or institution, give Johns Hockins Hospital or institution, give Johns Hockins Hospital or institution, give Johns Hospital or ins	street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate	limite write R		and give wnship)
c. I th of stay in Baltimore	Yrs. Mos. Days	1302 N. Rose		on)		
5. SEX   6. COLOR OR RACE   7. SINGLE, MARR WIDOWED, DIV	RIED.	8. DATE OF BIRTH	9. AGE (in yea last birthday	y) Months Day		s 24 Hours s Min.
10A. USUAL OCCUPATION (Givekindof 10B, KIND OF BU ork done during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITI WHA		F JNTRY?
13. FATHER'S, NAME  AND LONG TO THE STATE OF		14. MOTHER'S MAIDE	N NAME			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SE	CURITY NO.	mr. andro	4- L. 7/20	ADDRESS	130	80.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(A)Congen KXXXX cepha (B)	ital cerebral	defect hydro	)		
TO THE DISEASE OR CONDITION CAUSING IT  19a. DATE OF OPERATION 19B. MAJOR FINDIN	NGS OF OPERA	ATION		20.	AUTO	PSY?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF UNDERLYING OR CONTRIB. about home, farm, factor UTING CAUSE OF DEATH.			(If in Baltimore			
ZID. TIME (Month) (Day) (Year) (Hour) 21E. IN. WHILE AT WORK	NOT WHILE	D 21F. HOW DID IN.	JURY OCCUR?			
22. I certify that I took charge of the remain the evidence obtained by said Autopsy, In and death in my opinion resulted from:	rspection or In	Auto nquiry, find that sai X, accident □, suic	psy, Inspection or Incide deceased died cide homicide	quiry on the day s  on undetern	stated nined	above,
23A. SIGNATURE  24A. BURIAL, CREMA! 24B. DATE 124 NA		D. MEDICAL INVEST	CAL EXAMINER X CAL EXAMINER X GATOR X D. LOCATION (City,	11/1	6/51	(State)
Burial M. 19/51 Hol	y Redeer	mer	Balto.			4511
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAP		25 FONERAL DIRECT	rg Sons (	hlean	2 2	t.
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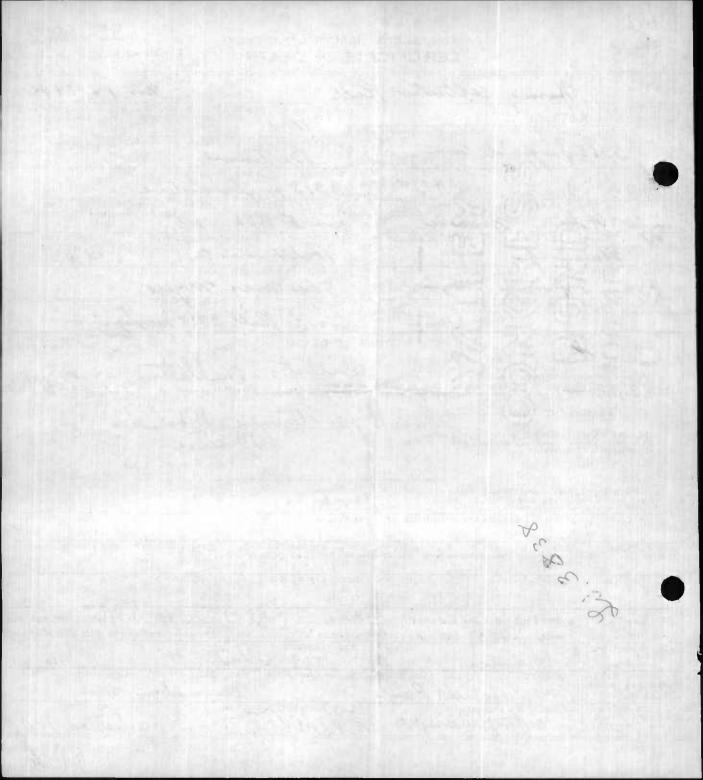
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. NAME OF DECEASED 2. DATE DEATH NOV (Type or Print) Mancy alberta Rill 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATEN B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURATION give INSTITUTION 3 township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days AGE (In years ti Under I Year 6 COLOR OR RACE 7. SINGLE, MARRIED last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR INDUSTR WHAT COUNTRY 16. SOCIAL SECURITY NO TERVAL BETWEEN CAUSE OF 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS 20. AUTOPSY EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from - Dec. 1949 to how /6, 1957 that I last saw the 2619 51. and that death occurred at 6.45 in:, from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

24D. LOCATION (City, town, or county)

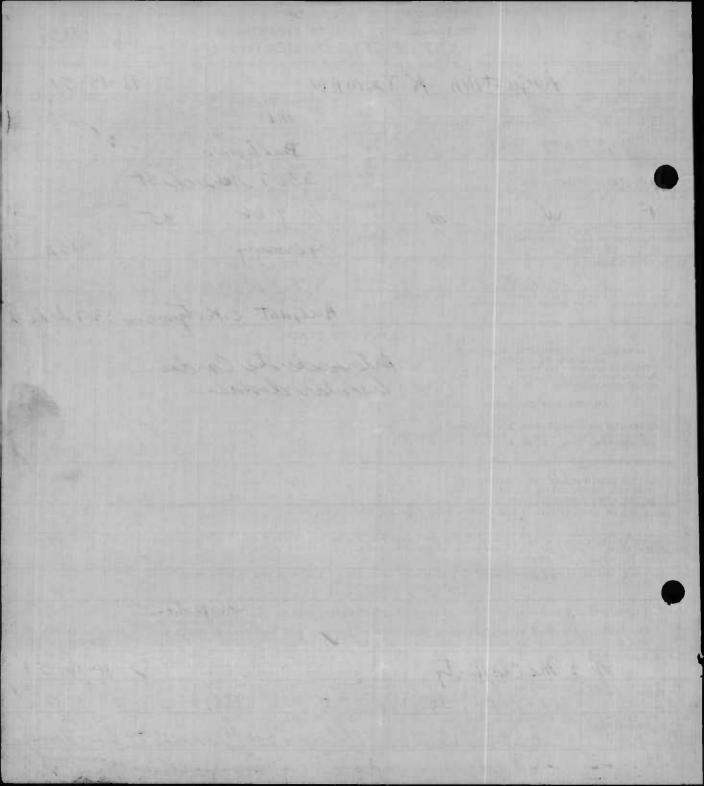
25. FUNERAL PURECTOR DATE RECEIVED BY

ADDRESS LOCAL REGISTRAR VS 150



## CERTIFICATE OF DEATH Registered No. 9923

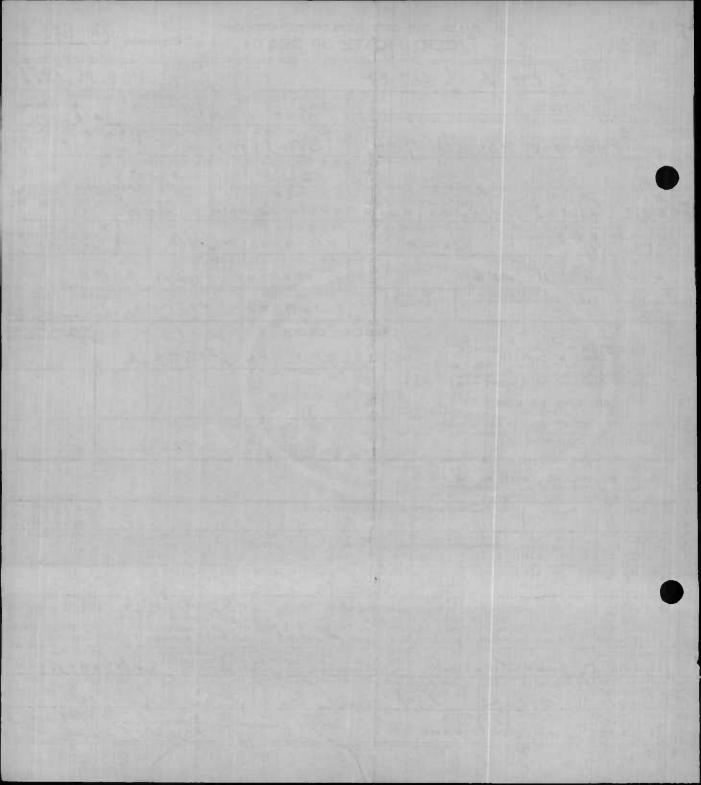
BIRTH NO.	
1. NAME OF DECEASED AUGUSTINA KITZA	1 AN   2. DATE OF DEATH 1/-15-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission)
B. FULL NAME OF Int in hospital or institution, give street address or location, INSTITUTION 3307 SCHUELF-ST	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH   9. AGE (In years   If Mider 1 Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of rook done during most of working life, even if retired)  ATM  ATM  ATM  ATM  ATM  ATM  ATM  AT	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NOT'K NOWN	NOT KNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	A'ugust c. Kitymon 3307 School
18. 4 > 1   CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	riosele te Cardio
injury or complication which caused death.) OUE TO VASC	war disease
ANTECEDENT CAUSES  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., UTING CAUSE OF DEATH.	
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY  WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described	above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Phaspection or Inquiry Inquiry, find that said deccased died on the day stated above,  S. A. accident \( \superscript{\subset}\), suicide \( \superscript{\subset}\), homicide \( \superscript{\subset}\), undetermined \( \superscript{\subset}\).
	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
24A. BURIAL. CREMA 24B. DATE 24d. NAME OF CEMETE 110N, REMOVAL (Specify) 11/19/5/ 3CHWAR	T2'S. BALTIMORE MD
DATE RECEIVED BY REGISTRAN'S SIGNATURE	Clarence FHOSmarn 16 39 broadways
V S 151	and M



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BIRTH	I NO.

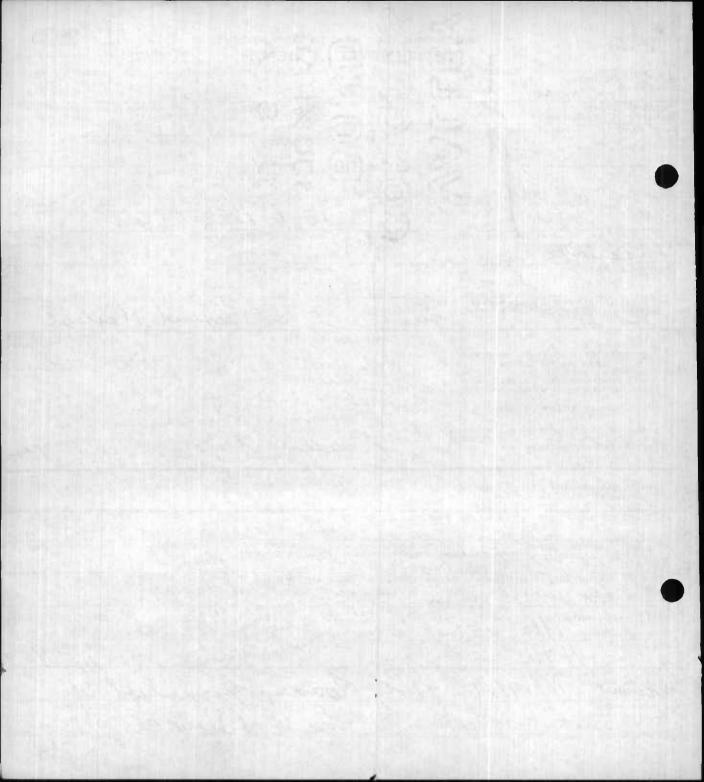
# CERTIFICATE OF DEATH Registered No. 19924

BI	CERTIFICATE OF DEATH							
1. (T	NAME OF D ype or Print)	ECEASED OF 9	٢.	Carter		2. DATE OF DEATH	V.16,1951	
	PLACE OF D Baltimore (	EATH: City, Maryland			A STATE	CE (Where deceased lived.	If institution: residence before admission)	
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)			its, write RURAL and give	
		Provident.	HASAI		BALTIN		5 township)	
-		100.4011	110300	Yrs.		(If rural, give location)		
C.	eth of s	tay in Baltimore		3 Mrs. Mos. Days	1622	SMALLWOO	D ST.	
5.	SEX	6.COLOR OR RACE	7. SINGLE	RRIED,	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year   If Under 24 Hours Months: Days Hours Min.	
F	emale	Coloted	MA	RRIED	APRIL 12,1	904 47		
10 work	A. USUAL OC	CUPATION (Give kind of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?	
_	HOUSE		1	OME	KIL MONOG		U.S.A.	
13	. FATHER'S		11-10		14. MOTHER'S MAID		112 =	
15		RT NIC		L to cocial	minni	5 /0101010		
(Ye	NAS DECEAS s, no or unknown)	(If yes, give war or date	on of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ELIZABET	H HICKS	ADDRESS 1622 MALLWOOD ST	
	18. 4/ -	- /		CAUSE	OF DEATH		INTERVAL BETWEEN	
П	-/-	SE OR CONDITION	DIRECTLY	0		Disalso	ONSET AND DEATH	
		LEADING TO DEA s not mean the mode	of dying, c. s		orongry	Disease	······	
		ore, asthenia, etc. It me complication which						
		ANTECEDENT CAU	SES					
Z	DISFASE	S OR CONDITIONS,	F ANY GIVIN	(B)				
01	RISE TO	THE ABOVE CAUSE (A)	STATING TH					
FICATION				(C)				
IFI	OTHER	II COND	ITIONS COL					
RTI	TRIBUTIN	GIGNIFICANT COND	NOT RELATE	ED				
CE	agency makes a library from the library	OF OPERATION   1	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	FINDINGS OF OPE	RATION		20. AUTOPSY?	
7								
EDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH	about home, i	ACE OF INJURY (e. g., arm, factory, street, office bldg.,			, give exact location)	
M		(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURE	ED 21F. HOW DID II	NJURY OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE				
	22. I certify that I took charge of the remains described above, held an Autops; Inspection or Inquiry							
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes , accident . suicide . homicide . undetermined .							
	23A/SIGNA	1. H. Far	nn		ASSISTANT MED A.D. MEDICAL INVES	CAL EXAMINER	23C. DATE SIGNED 16V. 1611-1	
	3 BURIAL, (S Surial)		1951	Pot. Jan	. 1 1.	Kilmynos	vn, or county) (State)	
D	ATE RECEIVE	to hand in	K 16/16		25 EUNERAL DIRECT	La Funera	CADORES me	
V	S 151	1			100/201	wy sty	1	



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BIRTH NO.
1. NAMÉ OF DE (Type or Print)
A DI LOF OF DE

1. NAME OF DECEASED 2. DATE	
(Type or Print) January 4	11/15/57
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUN  B. FULL NAME OF (If not in hospital or institution, give street address or	
c. Length of stay in Baltimore  35 Ars. Days  Days  D. STREET ADDRESS (If rural, give location of stay in Baltimore)	ion)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED   8. DATE OF BIRTH   9. AGE (In ye.	ars   fi Under 1 Year   fi Under 24 Hours ay)   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of ork doorduring most of working like age of retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State op foreign country)  11DUSTRY	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Service 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. SECURITY NO. Service)	Herlage
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Allurs cliente Cardio-Vasce (A) DUE TO Failure Cardio-Vasce (B) DUE TO Failure Cardio-Vasce (B) DUE TO Failure Cardio-Vasce (B) DUE TO Failure Cardio-Vasce (C)	onset and DEATH 4 days
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	City, give exact location)  7, that I last saw the lon the date stated above 23c. DATE SIGNED
DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL, RECISTRAR  LOCAL RECISTRAR	ADDRESS



ВІ		EALTH DEPARTMENT E OF DEATH	51 Registered No	9926
	TOSEPH. RUKST	ELIS	2. DATE OF DEATH //-/4	1-5-1
A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE A DILL A	B. COUNTY	tution : residence before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION PARKING ST.	BALTINIOR	itside corporate mty, wr	rite/RURAL and give township)
c.	Length of stay in Baltimore  30. Yrs. Mos. Days	17/ Parvis	ral, give location)	
5.	Male White navies.		9. AGE (In years   H Under   Months	Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10s). KIND OF BUSINESS OR INDUSTRIBLE OF MARKET.	11! BIRTHPLACE (State or fore	nign country)   12.	CITIZEN OF WHAT COUNTRY?
13	Gulenown.	14. MOTHER'S MAIDEN NAM	vus.	
15 (Ya	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or waknown) (If yes, give war or dates of service)  215-10-706	17. INFORMANT	26 Per	buist.
	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH.	faction	INTERVAL BETWEEN ONSET AND DEATH
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	urtusine Cardi	v Vacculare D	ium 2 yr
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		YES ND
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg  CAUSE OF DEATH		in Baltimore City, give	exact location)

CAUSE OF DEATH 21E. INJURY OCCURRED

ID. TIME (Month) (Day) (Year) (Hour)

WHILE AT NOT WHILE

WORK AT WORK

22. I hereby certify that I attended the deceased from.

1951, and that death occurred at 3: 10 Pm., from the causes and on the date stated above. deceased alive on 1/- 13 23A. SIGNATURE

24B. DATE 24C

BURIAL, CREMA REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

SIGNATURE

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

(City, town, or county)

1957, to 11-14, 195/, that I last saw the

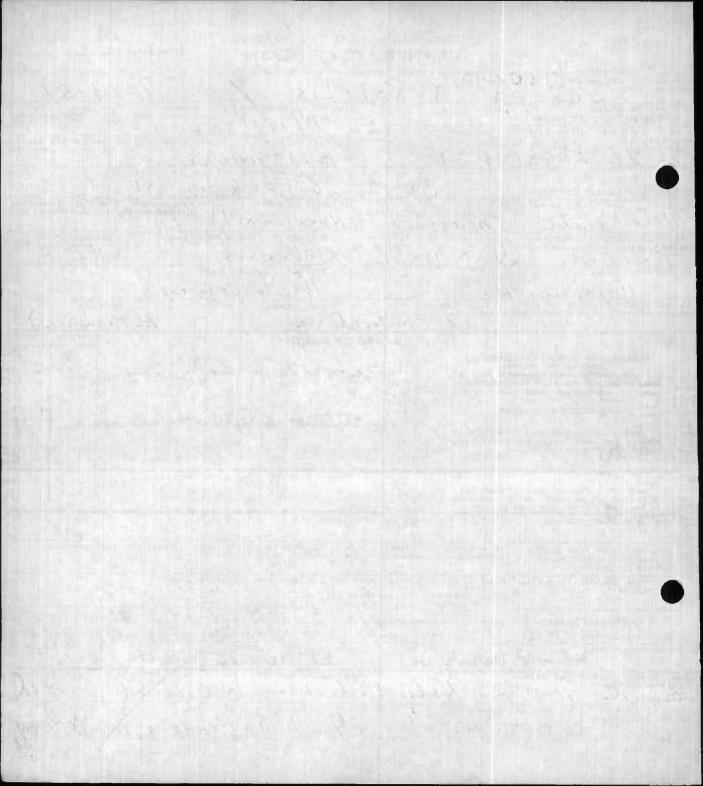
DIRECTOR

ADDRESS

VS 150

24A

23c. DATE SIGNED

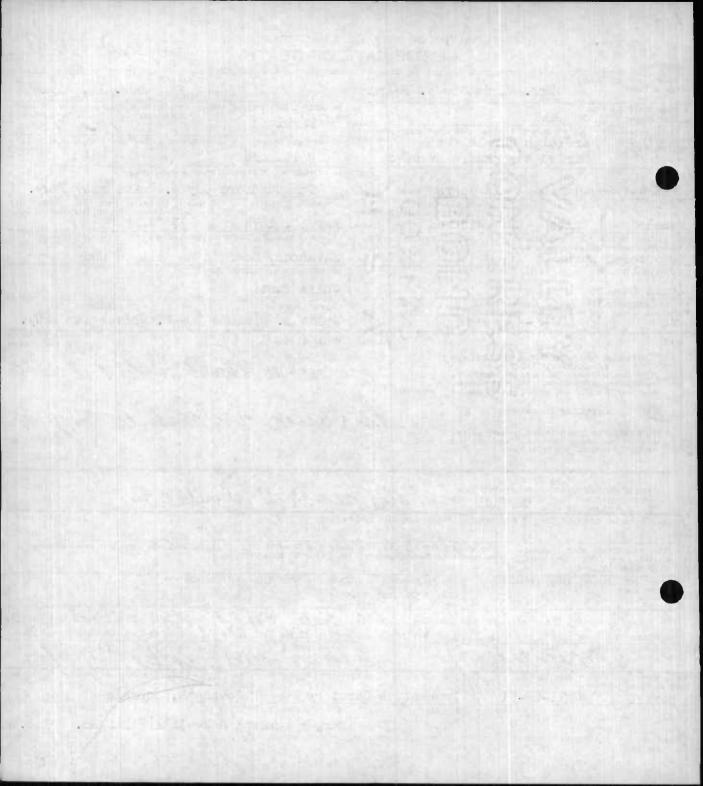


45	6
51	9927
BIRTH	NO.

### BALTIMORE CITY HEALTH DEPARTMENT

54 0000

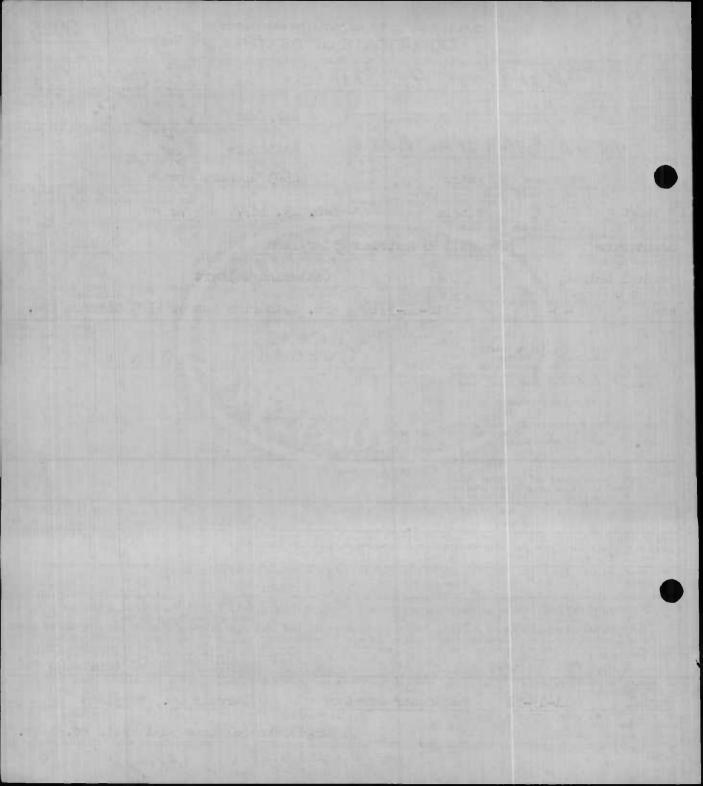
5	1 995 RTH NO.	27		CERTIFICATI	E OF DEATH	Registere	d No.	3347
1.	NAME OF D		Christi	ne V. Palmer		2. DATE OF NO	v. 16,	1951
A.		City, Maryland			4. USUAL RESIDENCE A. STATE Maryland			ion : residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	Ardleigh l		tion, give street address or location)	c, CITY OR TOWN	(If outside corporate )	mits, write	
1	_	Girard & 1	Parkdal	e Avenues	Baltimore	And I	' (	township
100			,	Yrs. Mos.	D. STREET ADDRESS			
-		tay in Baltimore	-6.0	ars Days		d 909 W. Uni		
	'emale	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify) OWOO	8. DATE OF BIRTH May 30, 1874	9. AGE (In years last birthday)		ays Hours Min.
vorh	done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		WI	TIZEN OF HAT COUNTRY
_	egistere				Savannah, Geor		USA	
	Louis Ste				Julia Iusti	1111111		
		ED EVER IN U. S. ARMEI	FORCES?	I 16. SOCIAL	17. INFORMANT		ADDRES	
(Yes	no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Julia G. Wistu	iba 909 W. Un		
ERTIFICATION	heart failt injury or DISEASE RISE TO 1 UNDERL	s not mean the mode of the asthenia, etc. It mean complication which of antecedent Causes of Conditions, if the above cause (A) ying condition Laboratory in the above cause (A) if the condition of the death, but the condition of the death, but	ns the disease aused death SES F ANY, GIVII STATING TILEST.	(B)		yopawii Inlotion	Li E	eller
Ü	TO THE D	ISEASE OR CONDITION	CAUSING			relaury	2	0. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore Cit		act location)
Σ	D. TIME INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK		URY OCCUR?		
	22. I herel			deceased from lo		m the causes and o	,	I last saw the
	23A. SIGNA		10/1		23B. ADDRESS 2020 U.C.	Perentes		PATE SIGNED
2/	4A. BURIAL.	CREMA- 24B. DATE	1/1	24C. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, to	wn, or four	nty) (State)
	Burial	11-20-5	51	Bonbenture Cen	netery Sa	wannah, Geor	No.	
	ATE RECEIVE		a stehing	IRE WAS A THE	25. FUNERAL DIRECTO	A 1	ADDE	
4	10V 171	951			Burgee Funeral	nous 3031 ra	TTP NO	• parro.M
1	VS 150				Horace IX	lunger o	M.	93)



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9928 gistered No. 9928

BI	RTH NO.				CERTIF	ICATE	OF DEATH	registered	110
1.	NAME OF DE	ECEASE	Mar	9018	t H.	Sh	ipl-ey	OF DEATH NOU	1.16,1951
3.	PLACE OF DE Baltimore C	EATH:		V			4. USUAL RESIDENCE (	Where deceased fived, I B. COUNTY	f institution : residence before admission)
В.	FULL NAME			tal or instituti	on, give street		Maryland		01
	STITUTION	~	3 61	Ph NL	200 11	location)		f outside corporate lim	its(write RURAL and give township)
0	4	1 0	3 61	CHUF	m 11	Yrs.	Baltimore D. STREET ADDRESS (II	rural give location)	
c.	Orth of st	tay in	Baltimore	50 year	rs	Mos. Days	4503 Glena		
5.	Emole	6.COL	or or race		. MARRIED, ED, DIVORCE <b>Le</b>	D (Specify)	8. DATE OF BIRTH Feb. 25, 1877	9. AGE (In years last birthday) M	It Under   Year   If Under 24 Hours   In Under 24 Hours   In Under 24 Hours   Min.
	DA, USUAL OCCUPATION (Givekind of the local line					S OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTRY?
013	Seamstre		ine, even it redice.		ll Indus		Maryland		USA
13	FATHER'S N	IAME					14. MOTHER'S MAIDEN N		
	Daniel	Ship	Ley				Catherine Wolb	ert	
Ye	NAS DECEASE, no or unknown)	D EVER (If ye	IN U.S. ARME	D FORCES?	16. SOCIAL 212-01-		Mrs. Catherine		Glenarm Ave.
ICALION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO							ONSET AND DEATH	
אווע	TRIBUTING	TO TH	CANT CONE E DEATH, BUT OR CONDITIO	NOT RELATE	D				
נ	19A. DATE O	1 10 12 1 1 1 1 1	***		FINDINGS	OF OPER	ATION		20. AUTOPSY?
7									YES NO U
=DIC+	UNDERLYING	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- ebout home, farm, factory, street, office bidg., etc.)  21b. PLACE OF INJURY (e.g., in or INJURY OCCUR?)  (If in Baltimore City, give elements of the bout home, farm, factory, street, office bidg., etc.)							
Z	21D. TIME (	(Month)	(Day) (Year		VHILE AT WORK	NOT WHILE		Y OCCUR?	
	22. I certify that I took charge of the remains described above, held an Autopsy inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes A accident A suicide A homicide I, undeter							the day stated above,	
24	4A. BURIAL. C	CREMA	248. DATE	13	24c. NAME OF		D. MEDICAL INVESTIGA RY OR CREMATORY 24d.	LOCATION (City, tow	n, or county) (State)
TIC	on REMOVAL (S Burial	pecify)	11-19-5		Ebenezer			oll Co. Mar	2
	ATE RECEIVE		DECLOTRAD	IC CLCNIATI	n-		25. FUNERAL DIRECTOR	0 1	ADDRESS
1.	OCAL REGIST	RAR	the for	Miliani	本! [1] In		Burgee Funeral	Home 3631 Fa	1/1s Rd. Balto.lk
V	s 151 333				690	8W	houce ob,	ungel	v. 94a



1. NAME OF DECEASED (Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Mrs. Minnie M. Wisner

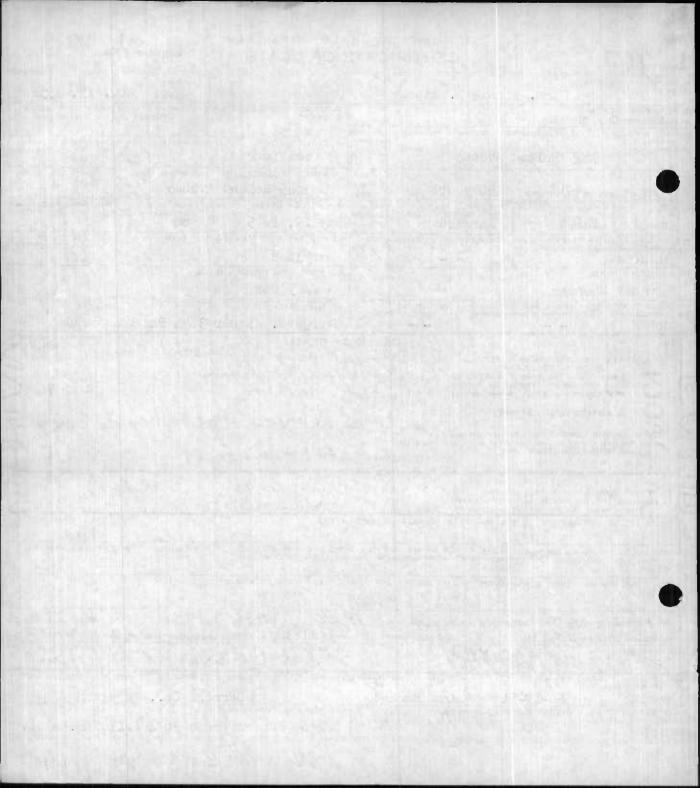
Registered No. 9929

Nov. 15, 1951

2. DATE OF

DEATH

B. FULL NAME OF (If not in hospital or institution, give street address or location)  3645 Roland Avenue  3645 Roland Avenue  3645 Roland Avenue  Yrs.  Mos.  Days  5. SEX  6. COLOR OR RACE  White  6. COLOR OR RACE  White  108. KIND OF BUSINESS OR INDUSTRY  At Home  13. FATHER'S NAME  Emanuel Shearer  15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yee, no or unknown)  16. SOCIAL  SCURITY NO.  16. SOCIAL  SECURITY NO.  George E. Wisner 3645	proportic limits, write RURAL and give township) e location)  ((In years birthday) Months: Days Hours Min.  (Intry) 12. CITIZEN OF WHAT COUNTRY?  USA			
HOSPITAL OR INSTITUTION 3645 Roland Avenue Security No. 10cation)  3645 Roland Avenue Security No. 10cation 3645 Roland Avenue Baltimore  Yrs. Mos. Baltimore Solvers Mos. Days 3645 Roland Avenue 3645 Rol	township) e location) 8 (In years   H Under   Year   H Under 24 Hours   Min. Intry)   12. CITIZEN OF WHAT COUNTRY? USA  ADDRESS Roland Avenue			
c. Dength of stay in Baltimore 50 years Mos. Days 3645 Roland Avenue 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) May 29, 1885 66  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10B. KIND OF BUSINESS OR INDUSTRY At Home 11A. FATHER'S NAME 11A. MOTHER'S MAIDEN NAME 11A. MOTHER	(In years			
Female White Married May 29, 1885 of May 29, 1885 of Married Married May 29, 1885 of Married Married May 29, 1885 of May 29, 1885 of May 29, 1885 of Married Married Maryland Maryland  13. FATHER'S NAME  Emanuel Shearer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) of Maryland of Ma	onthing of the second of the s			
At Home ————————————————————————————————————	ADDRESS Roland Avenue			
Emanuel Shearer  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no or unknown)  16. SOCIAL SECURITY NO. George E. Wisner 3645	Roland Avenue			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. George E. Wisner 3645	Roland Avenue			
	last the second			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH Dialete Nephropally (kunichship) (A) He perfeusive Cardiovacidan of the properties of the proper	lescase 3 years 20 years +			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Curebrovascular accelent (Condition Causing IT.  Hemorrhage)	crebal 10 weeks			
, 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in nr LYING OR CONTRIBUTING   about home, farm, factory, atreet, office bidg., etc.) CAUSE OF DEATH   21B. PLACE OF INJURY (e. g., in nr LYING OR CONTRIBUTING   about home, farm, factory, atreet, office bidg., etc.)				
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED WHILE AT WORK AT WORK	₹?			
deceased aljon on 15 Nov., 1951 and that death occurred all: 30pm., from the cause 23A. SINATURE  M. D. 23B. ADDRESS Charles	es and on the date stated above			
24a. BURIN., CREMA-24b. DATE 12b. NAME OF CEMETERY OR CREMATORY 24b. LOCATIO Rurial 11-19-51 Greenmount Carroll C	N (City, town, of county) (State) O., Maryland			
DATE RECEIVED BY REGISTRAR'S SIGNATURE.  LOCAL REGISTRAR  OV 1 7 10 5 Burgee Funeral Mone 3	ADDRESS			
VS 150 Have the Jung	1001/1/			



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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DIOTH	

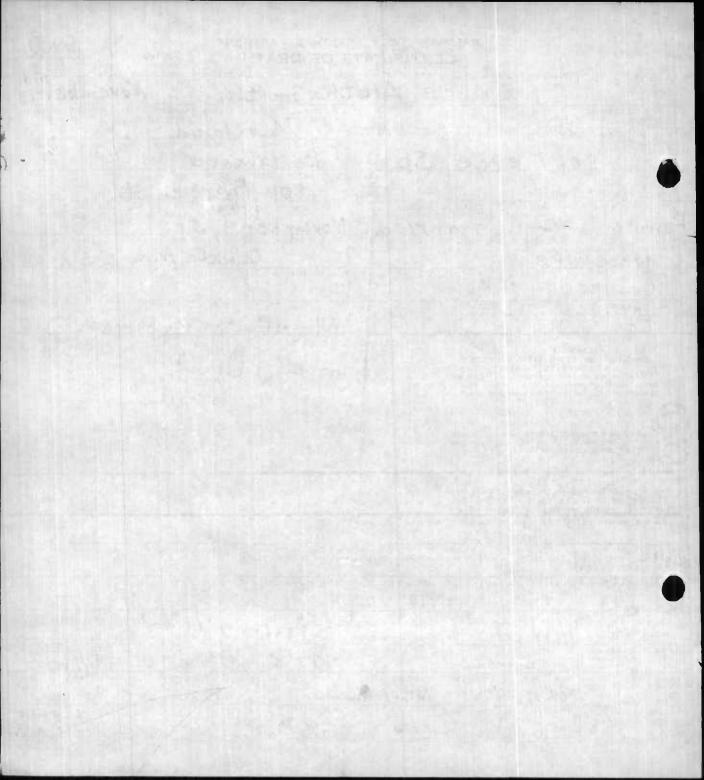
1. NAME OF DECEASED Alice Aletha Smith, (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limit), write RURAL and give INSTITUTION - township) (lf rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years | If Under | Year | last birthday) | Months Days Hours! Min. married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or 12 CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY Calvert Co, Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or ooknowo)] (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or ooknowo) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\overline{\upsilon}$ 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 1/11 3 719 , that I last saw the , and that death occurred at \$3 . Re deceased alive on 11112 1019 Nom the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn. Buria

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

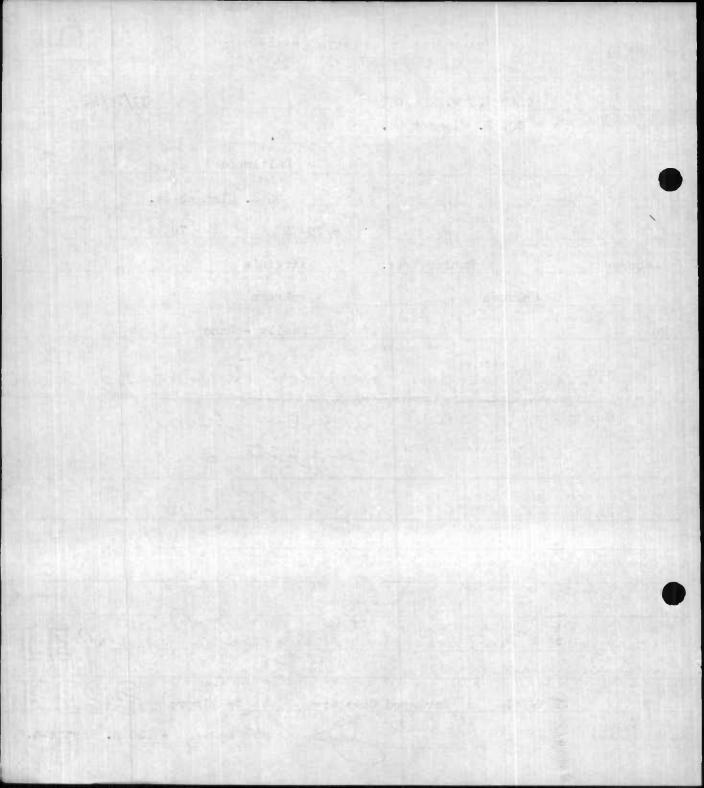
OCAL REGISTRAR



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9931 Registered No.

BI	RTH NO.								
1. (T)	NAME OF DE					2.	DATE OF	11-7	
3.	PLACE OF DE	ATH:		W. ELLIOTT	4. USUAL RESIDE	ENCE (Where			
		ity, Maryland 6		lement St.	A. STATE		B. COUNTY	befo	re admission
HC	STITUTION	or (II not in nospic	ai or institut	location)	C. CITY OR TOWN		ide corporate li	nife write Rh	RAE and give
A.						imore		-	
c.	Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	E. Cleme			
_	SEX	6, COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		AGE (In years) last birthday)	ff Under I Year	If Under 24 Hours
	M	W	WIDOW	W (Specify)	8/29/75		76	months Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreig	n country)	12. CITIZ	EN OF COUNTRY
OLN	Labore		Bu	tler Bros.	Virgin	ia		WHAT	COUNTRY
13	FATHER'S N				14. MOTHER'S MA	IDEN NAME			8
		Unk	nown		Unknow	n			
15 Vo	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
A 50	No	(11 300) Biro ii ar or auto		SECORITI NO.	Family	- Same			
	18. //-	1		CAUSE	OF DEATH				AL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				1	ONSEI	AND DEATH
		LEADING TO DEA"	TH		rough	Vina	willows	10	
	heart failui	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
7	ANTECEDENT CAUSES  (B) ANTECEDENT CAUSES								
ō	DISEASES	OR CONDITIONS,	F ANY, GIVIN	G					
A	UNDERLY	TE ABOVE CAUSE (A) ING CONDITION LA	STATING TH		A JOHN A	ins	in	22.75	
2				(C)	0.00			***************************************	
日兄	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D				STATE	
U		SEASE OR CONDITION		FINDINGS OF OPER	ATION			1 20 4	AUTOPSY?
7	ISA. DATE O	P OPERATION O	SB. MAJOR	PHONOS OF OPEN	CATION			YES	No
<u>C</u>	21A. ACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	n or   21C, WHERE D	OID (If in	Baltimore Cit;		
ED	LYING OF	CONTRIBUTING DEATH	about home,	arm, factory, street, office bldg.,	etc.) INJURY OCCU	R?			
Σ	D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY O	CCUR?		
	INJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK	195	n. No	V/5, 19	170	17
		y certify that I att	ended the	and that death occur					
	23A. SIGNAT		7, 192,		23B. ADDRESS	, from the c	auses and or		TE SIGNED
	New	us . Xh	c/f	M.D.	1=1 <a< td=""><td>mal</td><td>20</td><td>11/1</td><td>7/57.</td></a<>	mal	20	11/1	7/57.
710 TI	4A. BURIAL, CON, REMOVAL (S	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCA	ATION (City, to	wn, or county)	(State)
	В	11/19/5		Parkwood Cem		Baltin	nore		
D.	ATE RECEIVE	BAR REGISTRAR	SSIGNATI	PE ONLA MAR	25. FUNERAL DIA	ECTOR	-1715	ADDRES	
1	MONIT	101   100	alan (1)	Miamon, Mall	depert. a	tere	<b>5</b> - 130	E. For	c Ave.
	VC 150		cha-			. /		^	



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	99	32
BIRTH	H NO	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 9932

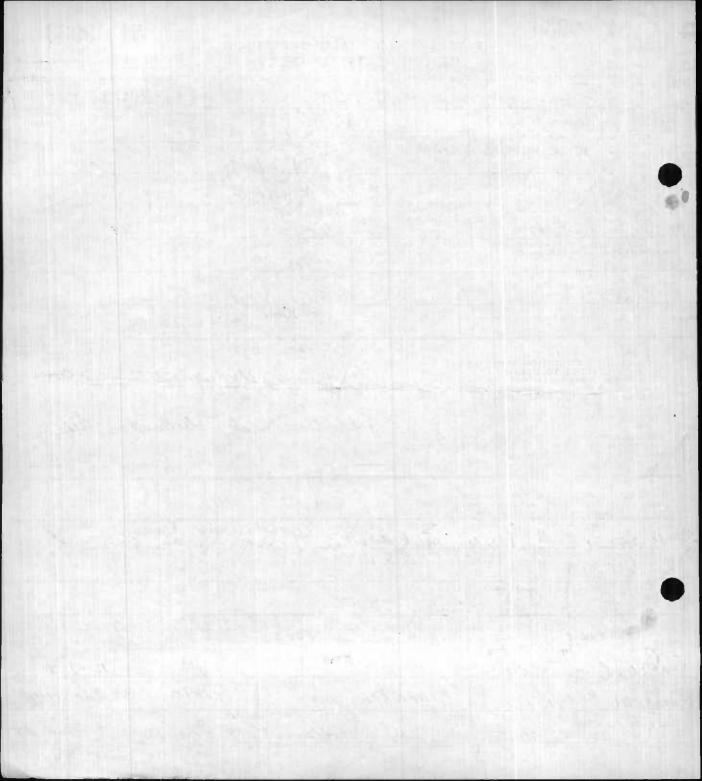
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered I	NO
1. NAME OF DECEASED			2. DATE	
(Type or Print) Margaret	Brown		OF DEATH	da la
3. PLACE OF DEATH:	D.0011	4. USUAL RESIDENCE (V	Vhere deceased lived. If	
A. Baltimore City, Maryland	al or institution, give street address or	A. STATE	B. COUNTY	before admission)
HOSPITAL OR	location)	1000 1000	outside corporate limit	Arite RURAL and give
INSTITUTION CONTRACTOR	1-11	Bellimore	-	township)
South Dalli Hore Gener	ral the Spiral	The state of the s	rural, give location)	2
- Lorenth of standy Baltiman	Mos.	A TO IL A		
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	f Under 1 Year   If Under 24 Hours
t i was	WIDOWED, DIVORCED (Specify)	o. DATE OF BIRTH	last birthday) Mo	onths Days Hours Min.
tenale White	Married	1012146	58	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY
Tloor LAdy	Branigan & GIEEN	Kentucky		
13. FATHER'S NAME	CLO thing ( )	14. MOTHER'S MAIDEN N	AME	
George W. Franz		Elizabeth Hound		
15. WAS DECLASED EVER IN U. S. ARMED		17. INFORMANT		DDRESS
Yes, no or unknown) (If yes, give war or dates	SECURITY NO.	ton he	- JAME	
	CAUSE	OF DEATH		INTERVAL BETWEEN
370.01		OF BEATH		ONSET AND DEATH
DISEASE OR CONDITION DEAT	'H Th	lumia, lypostatio		
(This does not mean the mode of heart failure, asthenia, ctc. It mean		Jan Jan	<u> </u>	
injury or complication which ca		0		
ANTECEDENT CAUS	ES C	4. 1		
Z	(2)	estric when	******	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)		0 10		
UNDERLYING CONDITION LAS	ST.	aleliteiasi's		
2	(C)			
11				
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS  II OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT IT				
TO THE DISEASE OR CONDITION				
19A. DATE OF OPERATION	BB. MAJOR FINDINGS OF OPER			20. AUTOPSY?
		- posteria - prepylric		YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If 'in Baltimore City,	give exact location)
CAUSE OF DEATH				
TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY	m. WHILE AT NOT WHILE			
22 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.15	lulm	
22. I hereby certify that I atte	ended the deceased from 1913	26 51 19 , to W	, 19	, that I last saw the
deceased alive on 111451			he causes and on t	
23A. SIGNATURE		213 hight Street		11(15/5)
24A. BURIAL CREMA- 24B. BATE			2017/201/09	
24A. BURIAL CREMA- TION, REMOVAL Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24B. L	OCATION (City town	
10. 11.19.	SI Loudons	IBRI	DAIIIM	
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	26. FUNERAL DIRECTOR		ADDRESS
100 17 1331 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ton Williams, Mill	Jant lu le	nes	
VS 150			La	
	ras uch	130 G. For	HUE.	1100
	3 2 3 7 9 0			11/0

FURL 715-129 1 1 1 1 A South Street Acres Comment of the State of t W - 1, 1 - 1 72 1977 10 mm - 10 mm - 10 mm The series seed man in house 200 - 200 - 000

## BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print)  ENNEST  Huf	Cham   2. DATE   OF NOV 17 1951			
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs.	D. STREET ADDRESS (If jural, give location)			
Mos. Days	Routez.			
male white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years It Under I Year Months Days Hours Min. 4 It Under 24 Hours Min.			
10a. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Crost Hufham	mildred Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFOR HOPKINS HOSPITAL			
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	of DEATH  Arme Ayllonghites 3 mo.  ladder nick obstruction Life			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19a. Date of Operation 19b. Major findings of Operation 19b. Major	nor 21c. WHERE DID (If in Baltimore City, give exact location)			
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				
m. WHILE AT NOT WHILE AT WORK				
22. I meby certify that I attended the deceased from 10-8-1951, to 11-17-, 1951, that I last saw the				
deceased alive on // - / - 19.57, and that death occur	TOHNS HOPKING WOODITAL 23c. DATE SIGNED			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS William Work Inc. 1217 St Paul 84			



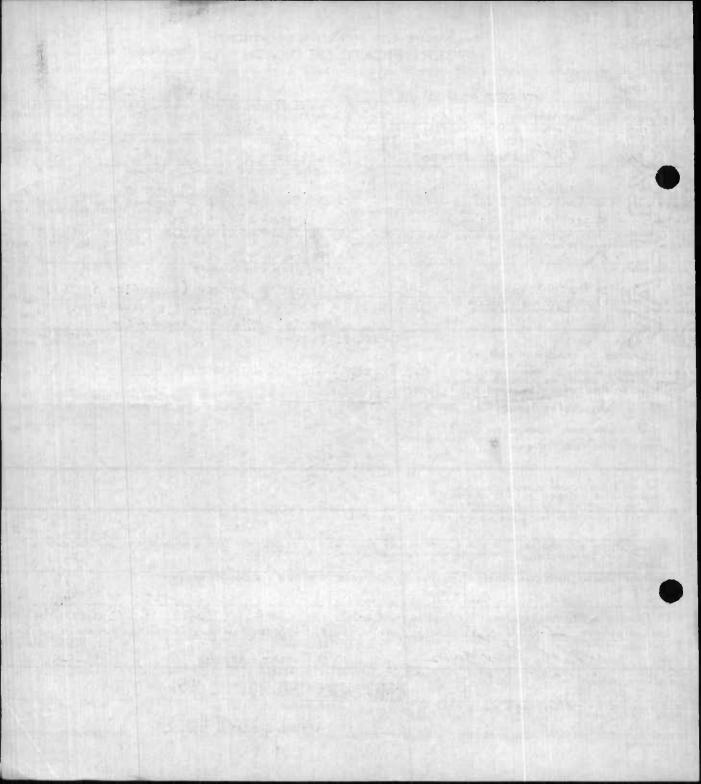
35 51 5934 35 59856

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9934 Registered No.

BIRTH NO.

. NAME OF DE Type or Print)		ory Ko	stonlias		OF DEATH 10-	28-51	
B. PLACE OF DE	EATH:			4. USUAL RESIDENCE (V		If institution :	residence ore admission)
Baltimore City, Maryland  FULL NAME OF (U not in hospital or institution, give street address or		1.6	D. 000M11	0000			
NSTITUTION			Hospitalsocation)		outside corporate lin	nits, write RU.	RAL and give township)
3	4940 Eas	tern A	renue	Baltimore	26	-16	- cownship)
			Yrs. Mos.	D. STREET ADDRESS (If			
	ay in Baltimore		Irs. Days	B.C.H. 4940 Eas			
Male	6. COLOR OR RACE White		e, married, ved, divorced (Specify) ved	8. DATE OF BIRTH	9. AGE (In years last birthday)		Hours Min.
	CUPATION (Give kind of f working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	Greece (State or f	oreign country)	12. CITIZ WHAT	EN OF COUNTRY
3. FATHER'S N	AME			14. MOTHER'S MAIDEN N	AME		
Jimmi	e Kostonlias			Aphrodite Aros	ek (Anhrodi	te Aros	ak)
5. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL				3,12.7
(ee, no or unknown)	(If you, give war or date	e of service)	SECURITY NO.	Records 4940 E	astern Aven	spitals	
18. 2.3	- V		CAUSE	OF DEATH	as oct III my en	INTERV	AL BETWEEN
DISEAS	E OR CONDITION	DIRECTLY				ONSET	AND DEATH
(This does	LEADING TO DEA'		Cerebi	cal Thrombosis wit	h right	9	Days
	re, asthenia, etc. It mea complication which o		se, hemi	plegia			
	ANTECEDENT CAUS	FS				3.99 253	
	ANTEGEDENT GAO	,20	(B)	***************************************			
	OR CONDITIONS, I						
UNDERLY	ING CONDITION LA	ST.	(C)	***************************************	***************************************		*******************************
TRIBUTING	IGNIFICANT CONDI	NOT RELAT	ED				
	F OPERATION 1		FINDINGS OF OPER	RATION		1 20, 7	AUTOPSY?
	0					YES	No K
	ENT WAS UNDER-		ACE OF INJURY (e. g., i ferm, factory, street, office bldg.,		If in Baltimore City	, give exact	location)
D. TIME (	Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	-	
INJURY			WHILE AT NOT WHILE				
		m.		2 10/164	10-28 , 19	57 that 71	lant ones th
22. I hereby	y certify that I att	ended the	deceased from 3-1	rred at 8:35pm., from t			
23A. SIGNAT		, 13 714	ana that death ocea	238. ADDRESS	ne causes and on	23c. DA	TE SIGNED
	C.S. C	200	M. D.	4940 Eastern Aver	ue	11-5-	-51
24A. BURIAL, C		0		RY OR CREMATORY 24D. L		wn, or county)	(State)
DATE RECEIVED	D BY   REGISTRAR	SSIGNATI	OREI LIGHT	25. FUNERAL DIRECTOR		ADDRES	S
VOV 1819	51	aton 14	illianus, him	Commissioner of	Realth		
VS 150				11120		831	3
						0 00 40	



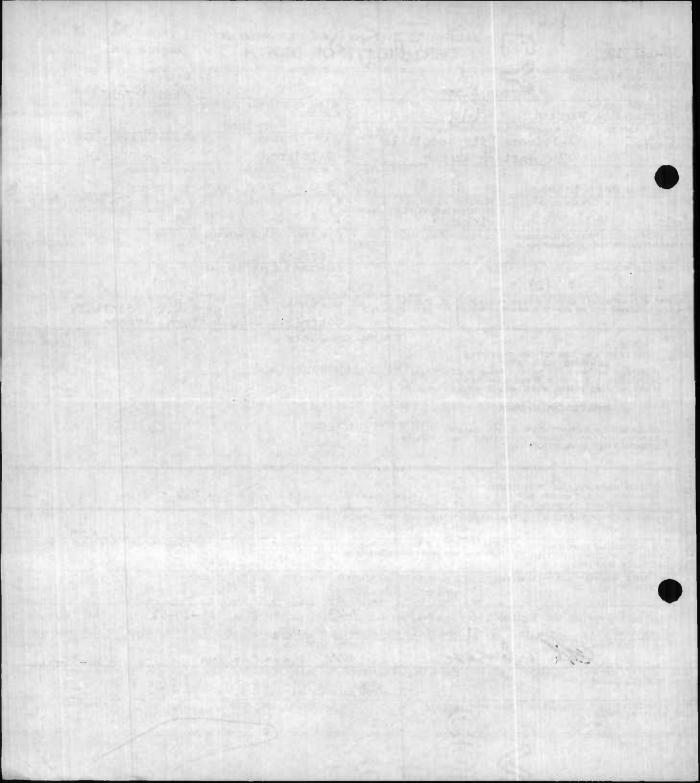
156 51 9935 ND-121517 BIRTH NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9935

Registered No.\_\_

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Herman K	lamer		OF DEATH 10-1	
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or instination)  Baltimore Cit 4940 Eastern	tution, give street address or y Hospitals (Cation) Avenue	Maryland c. CITY OR TOWN (If Baltimpre	outside corporate limit	s, write RURAL and give township)
47.10 8303111	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	? Mos. Days	B.C.H. 4940 Eas	tern Avenue	
WID	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH		H Under I Year H Under 24 Hours boths Days Hours Min.
	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	1
? (D)		?	? (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Records: 4940 E	ore City Hos	DDBESS PITALS
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) Bronch ease, ath.) DUE TO	opneumonia	•	3 Days
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION () 19B. MAJI	ATED Himertensis	Ve cardio Vascula:	r Renal Dise	20. AUTOPSY7
LYING OR CONTRIBUTING about her	PLACE OF INJURY (e. g., li me, farm, factory, street, nflice bldg.,		f in Baltimore City,	
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended t deceased alive on 19-16, 19 5	, , , , , , , , , , , , , , , , , , , ,	, ,		, that I last saw the
23A. SIGNATURE	2	23b. ADDRESS 4940 Eastern Avenu		23c. DATE SIGNED
24A, BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE		7 1951	
DATE RECEIVED BY REGISTRAR'S SIGNA	TURE / Wienes / fin	25. FUNERAL DIRECTOR	ioner of Health	ADDRESS
VS 150		ta sugar a la	1.1.	1210



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9936

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) John Marshall OF 10-14-1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4940 Eastern Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Baltimore City Hospitals-4940 Eastern Ave. c. Length of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours | Min. Single March 6-1868 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Margaret Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMBUILTIMORE City Hospitals Yee, no or unkoowo) (If yes, give war or dates of service) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Thrombosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-Arteriosclerotic cardio vascular disease TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY 22. I hereby certify that I attended the deceased from 11-9-, 1943 to 10-14-, 19 51 that I last saw the deccased alive on 10-14-, 1951, and that death occurred at 2,20Pm., from the causes and on the date stated above. 23A, SIGNATURE 23C. DATE SIGNED M. D. 4940 Eastern Ave Baltimore, Md. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

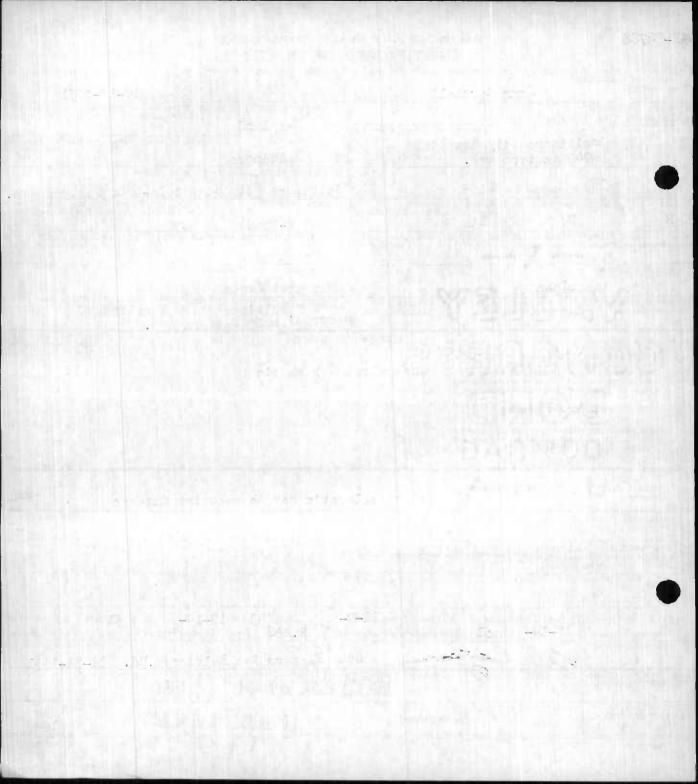
25. FUNERAL DIRECTOR

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

wenter ( Missist, 1)

ADDRESS

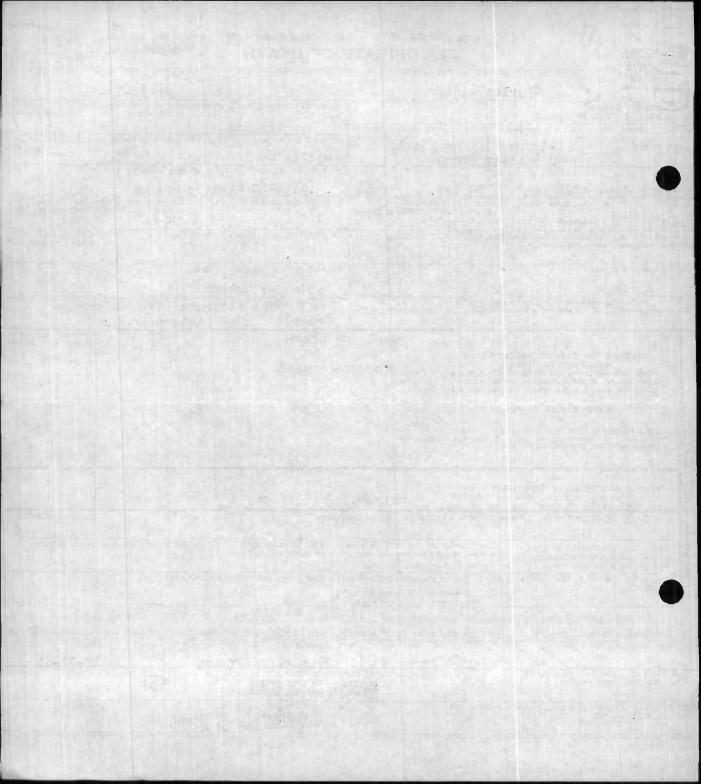


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Chartes Linier DEATH 10-13-51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give Baltimore City Hospitals C. CITY OR TOWN INSTITUTION Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Mos B.C.H. 4940 Eastern Avenue c. bength of stay in Baltimore 39 Yrs. Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | | Under 24 Hours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 7 7 7 Male Negro Widowed 74 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Pritchard Abraham 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospiesels SECURITY NO. Records: 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Carcinoma of Prostate TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK AT WORK 10-13 1951 that I last saw the 11-20 1944 to 22. I hereby certify that I attended the deceased from\_ deceased alive on 10-13 19 51 and that death occurred at 3:30pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Avenue 10-31-51 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248, DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

51B 6

LOCAL REGISTRAR



MARY

PEREL

BIRTH NO.

I. NAME OF DECEASED (Type or Print)

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	9938
Registered No.	

2. DATE OF DEATH November 16,1951

3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDE	ENCE (Where deceased lived. If B. COUNTY	institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		c. CITY OR TOWN	(If outside corporate limit	s write RIIRAL and sive			
INSTITUTION 3317 Dequois Avenue		Ealtimore	15-1	township)			
				Yrs.	D. STREET ADDRE	ESS (If rural, give location)	
c.	tength of s	stay in Baltimore	50	mos. Days	3317 Seque	oia Avenue	
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
	male	white		ED, DIVORCED (Specify)	1886	last birthday) Mo	nths Days Hours Min.
10A work	housew:	CCUPATION (Give kind of of working life, even if retired) 11e		of BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME	•		14. MOTHER'S MA		
	Jacob	Scherr			Unkown		
15. (Yes,	WAS DECEAS no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Sam Perel- 3	3317 Sequoia Avenu	DDRESS
To pust the pust of the pust o					onset and death ? 5 Ohnuly		
CC)  L L C OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
-	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	21A. ACCIE LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, f	CE OF INJURY (e. g., in arm,factory,street,office bldg., e	21c. WHERE D	ID (If in Baltimore City, g	rive exact location)
2	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID	INJURY OCCUR?	
	INJURT		m.	WORK NOT WHILE			
22. I hereby certify that I attended the deceased from five 8 1951, to Novilo, 1951, that I last saw the deceased alive on Novido, 1951, and that death occurred at 3 150 m., from the causes and on the date stated above 23A.) SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
24/	BURIAL,	CREMA- 24B. DATE		M. D.   24c. NAME of CEMETE	RY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)
	REMOVAL (S Burial	11/18/5	1	Sodova Congre	gation	Baltimore, Mary	land
	TE RECEIVE		SIGNATU	RE Herring Run	Sol Serins		26 W. North
	VS 150		(4) -				anexue
			In E	i		94	26 N. North

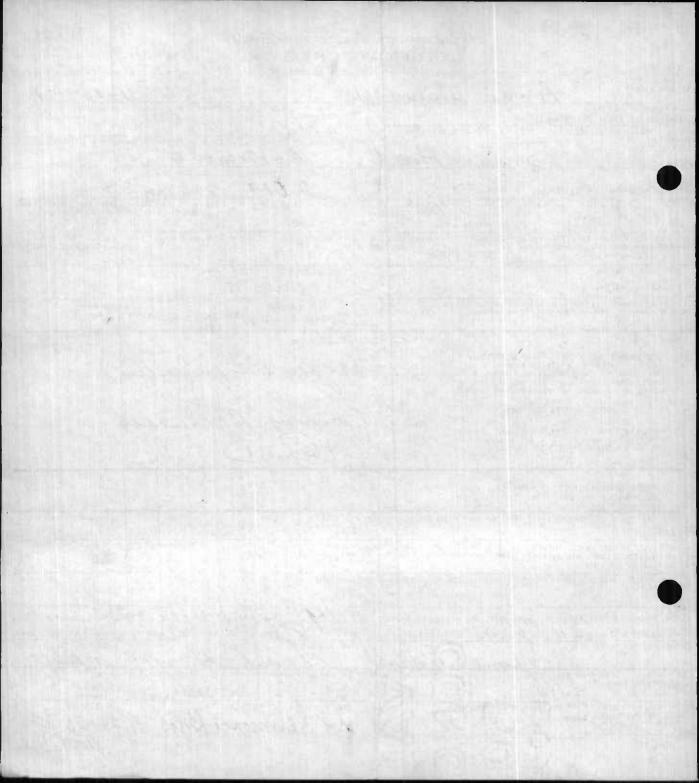
Section & - William Thomas Andrew 3 3 3 3 3 3 3 3

BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9939 Registered No.

Type or Print) Anna G	Deinapp/	0	OF DEATH	11-16-51
. PLACE OF DEATH: . Baltimore City, Maryland	11	4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	If institution : residence before admission)
FULL NAME OF (If not in hospital or institution	n, give street address or	md		
OSPITAL OR NSTITUTION	location)	c. CITY OR TOWN (I	f outside corporate lin	nits, write RURAL and give
21991	HOS D	150/1/2	iore o	0 - 0 - 5
Length of stay in Baltimore 24 yrs.	Yrs. Mos.	D. STREET ADDRESS (II	rural, give location)	CV
. Deligin of Stay in Daitinole	Days	2019	4 sh ton	2 k.
The state of the s	D_DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)  NOUSEWILE OWN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or a	oreign country)	12. CITIZEN OF
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Sol Kuryk		Rebecca ??		
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	I6. SOCIAL	17. INFORMANT		ADDRESS
ee, no or unknown) (If yee, give war or dates of service)	SECURITY NO.	Hyman Weinapple	-2019 Ashton	Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		ormory O		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	INDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
	E OF INJURY (e. g., in m, factory, street, office bldg., e		If in Baltimore City	, give exact location)
212. TIME (Month) (Day) (Year) (Hour) 21	IE. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
WH	VORK NOT WHILE		Bold, BEEF	
22. I hereby certify that I attended the d	eceased from	1/19/195/10	11/16 19	that I last saw the
11 / 1 / 1 / 1	nd that death occur	red al O'O'm from		the date stated above.
23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
I come 1	Coullean. D.	Mul	How	11/16/51
ON, REMOVAL (Specify)	nai Jacob Con		timore, Mar	
ATE RECEIVED BY REGISTRAR'S SIGNATUR		Sol of lunson	n.	124-26 W.
VS 150	Service Service	6. A		North are.



51	-5940
CCA	25 (3.4.6)

BALTIMORE CITY HEALTH DEPARTMENT ND-153170 Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) Louise Whitehead DEATH 10-22-51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore City Hospitals cation) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 125 N. Pine St. ngth of stay in Baltimore Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? ork done during most of working life, even if retired) INDUSTRY Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals (Yes, no or unknown) SECURITY NO. 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Laennec's Cirrhosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Chronic Alcoholism CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Multiple Avitaminosis TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK . 1951 to 10-22 , 19 51 that I last saw the 22. I hereby certify that I attended the deceased from 10-17 19 51, and that death occurred at 8:50a.m., from the causes and on the date stated above. deceased alive on 10-22 23c. DATE SIGNED

23B. ADDRESS 23A. SIGNATURE 4940 Eastern Avenue

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

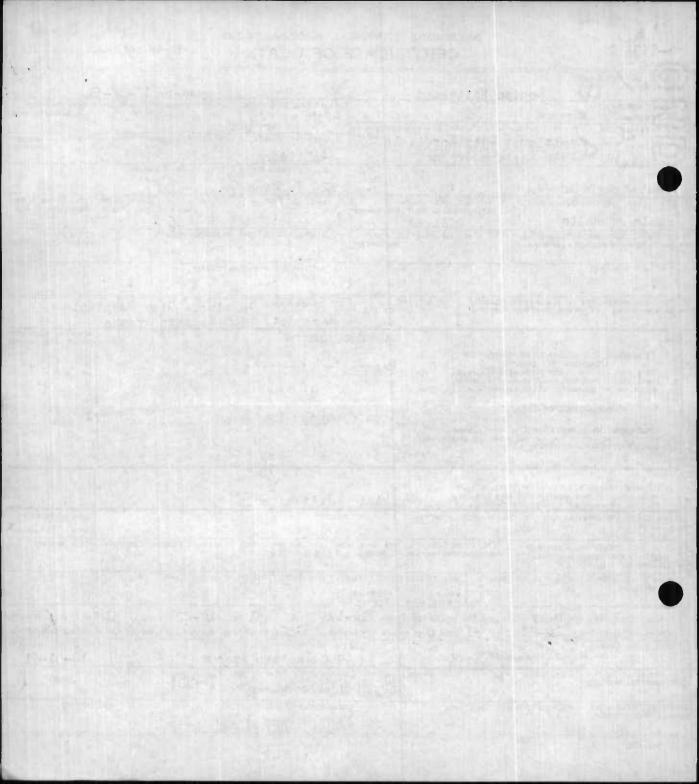
TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

248. DATE

1240

ADDRESS

24A. BURIAL, CREMA-



ND-1	2622
------	------

Mose

18.

EDICAL

BIRTH NO 1. NAME OF DECEASED (Type or Print)

Emma	Harden		

2. DATE DEATH 10-23-51 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)

Registered No ..

A. Baltimore City,	
B. FULL NAME OF HOSPITAL OR INSTITUTION	Baltimore City Hospitals local Hold Eastern Avenue

ess or ation)

> Yrs. Mos.

Days

INDUSTRY

A. STATE

Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS (If rural, give location)

c. beigth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, Female

WIDOWED, DIVORCED (Specify) Separated 108. KIND OF BUSINESS OR

B.C.H. 4940 Eastern Avenue 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. Oct. 7,1882

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of) ork done during most of working life, even if retired) 13. FATHER'S NAME

Negro

(Moses Harden) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (1f yes, give war or dates of service)

16. SOCIAL SECURITY NO. 14. MOTHER'S MAIDEN NAME Martha Shuler

Maryland

17. INFORMANT Baltimore City Hospitals 4940 Eastern Avenue

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

CAUSE OF DEATH Bronchopneumonia

ONSET AND DEATH 1 Wk.

INTERVAL BETWEEN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) OUE TO

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis with Hemiplezia 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE WORK

19 32 to 10-23

5-12 22. I hereby certify that I attended the deceased from\_

deceased alive on 10-23 19 51 and that death occurred at 02452 m., from the causes and on the date stated above. 23c, DATE SIGNED 238 ADDRESS 10-31-51

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

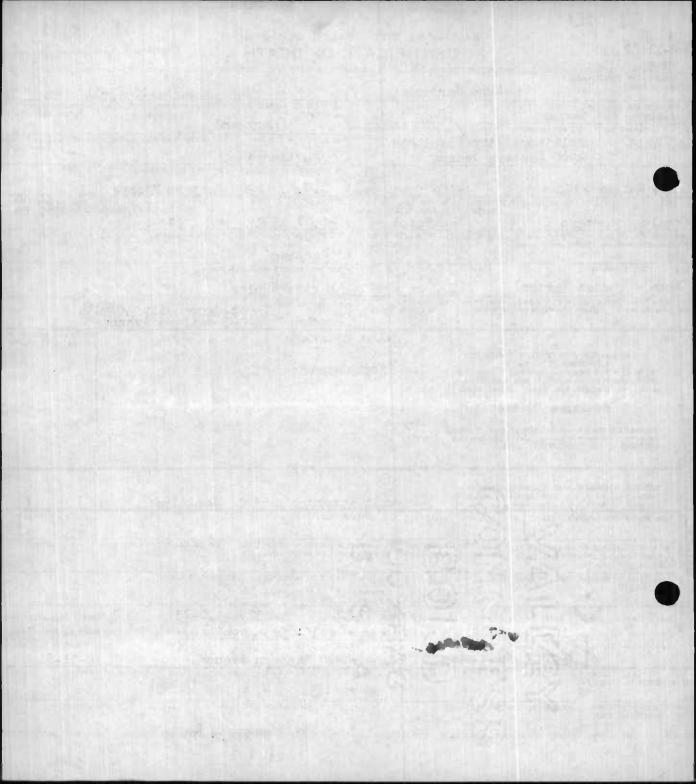
4940 Eastern Avenue 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE wellow Williamship. 25. FUNERAL DIRECTOR

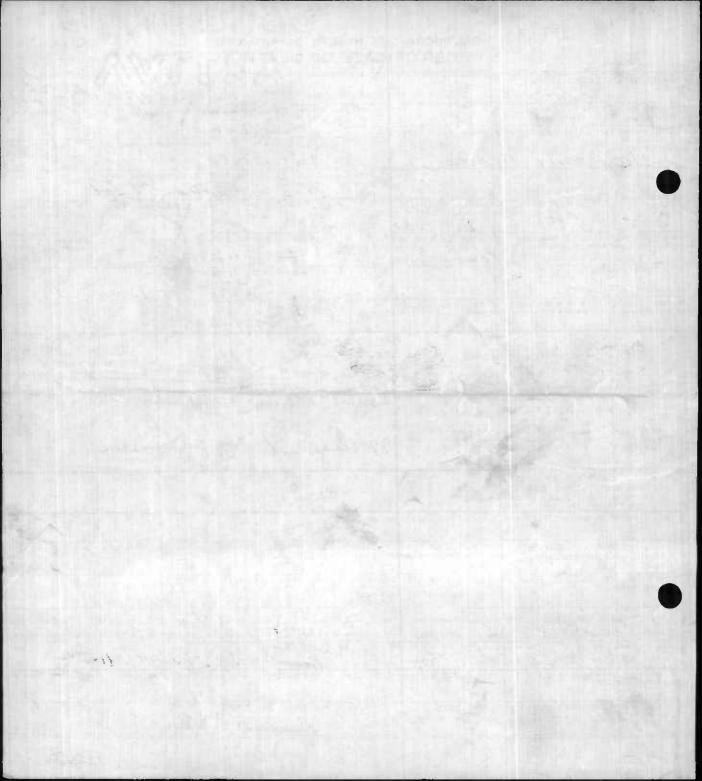
ADDRESS

\_, 1951, that I last saw the



### CERTIFICATE OF DEATH Registered No. 19942 BALTIMORE CITY HEALTH DEPARTMENT

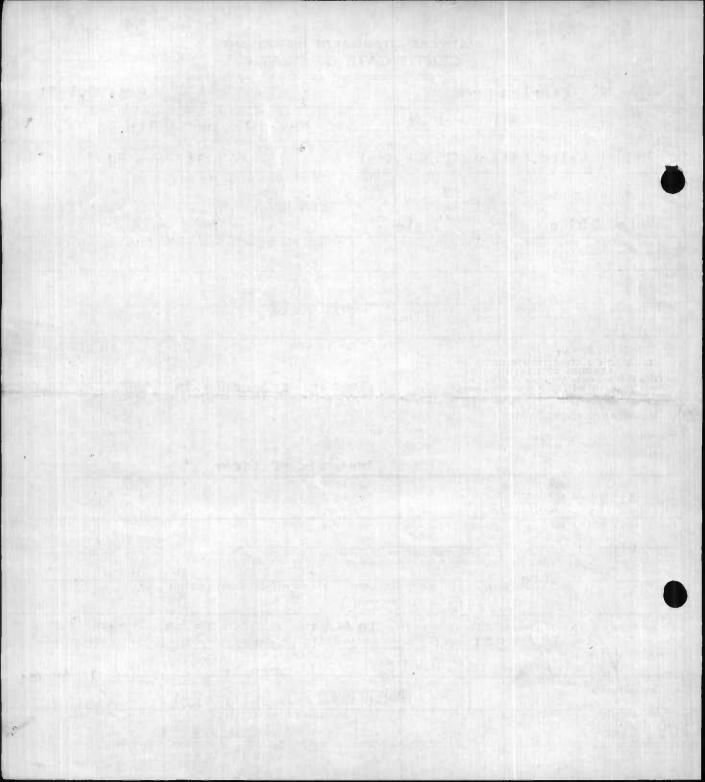
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ARmetta Smith.	2. DATE OF DEATH NOV 1. 312 25 AM
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION location)	
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  933 SHIELDS Place
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If linder I Year   It linder 24 House
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  Dish Washer Various Spets	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ? EXIE A Dames
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unkoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Patient. ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	legnent Hypertension
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION 20. AUTO SY7
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  NOT WHILE AT NOT WHILE AT WORK AT WORK	
deceased dive on Nove, 195 and that death occur	red at 12 m., from the causes and on the date stated above.  38. ADDRESS  Land Hard For 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	4054
DATE RECEIVED BY REGISTRAR'S SIGNATURE WINE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE WINE REGISTRAR'S WINE WINE REGISTRAR'S WINE WINE WINE WINE WINE WINE WINE WINE	Commissioner of Health
VS 150	99 1.1.1. 1210



	BALTIMORE CITY HEALTH DEPARTMENT
TH NO	CERTIFICATE OF DEATH

Registered No\_

BIRTH NO.	CERTIFICATI	E OF DEATH	registered i	
1. NAME OF DECEASED Charles Or (Type or Print)	em		2. DATE OF DEATH	.22,1951
	uren St	4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before admission)
HOSPITAL OR INSTITUTION Balto.City J	location)		alti ore	s, write RURAL and give
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (lf r	ural, give location)	
Male White WIDO	LE. MARRIED. WED. DIVORCED (Specify)	8. DATE OF BIRTH		onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) y1°S	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused dear  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	Y  Se., (A) Trilly ase, th.) DUE TO  ING THE DUE TO	of DEATH  Wo har v tubercul  Thosis of liver	osis	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED IT.			
19a. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., in e., farm, factory, street, office bidg., e., farm, factory, street, office bidg., e., farm, factory, street, office bidg., e., farm, factory, street, farm, factory, street, farm,	to.) INJURY OCCUR?	in Baltimore City, a	YES NO V
22. I hereby certify that I attended the deceased alive on 10/22.1951	e dcceased from 16, and that death occur	/9 /51 , 19 , to red at 1 50 mp from th 3B. ADDRESS		
24A. BURIAL SPECIFY)	24c. NAME OF CEMETE		1951	or county (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	Williams, 11.	25. FUNERAL DIRECTOR	nor of Acarb	ADDRESS
Vs 150	Markey X		L. S. w	1313



Monument Street and Pulaski Highway

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH Street 210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? OF INJURY Pedestrian struck by auto 10:15 P.m.

-2. I certify that I took charge of the remains described above, held an .

Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident B, suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ .

23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

ADDRESS

23c. DATE SIGNED

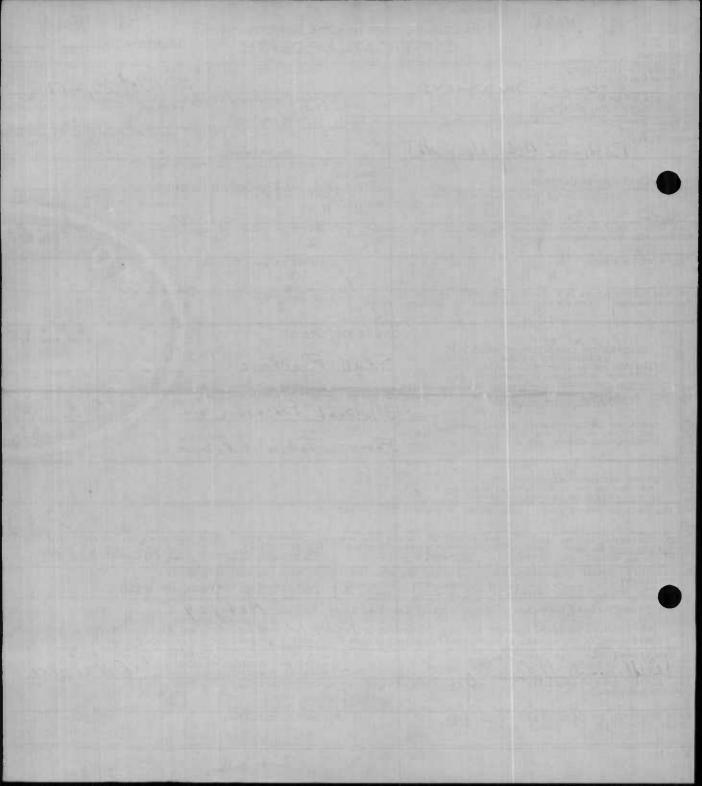
DATE RECEIVED BY LOCAL REGISTRAR AV 1 9 101

REGISTRAR'S SIGNATURE might Hill 25. FUNERAL DIRECTOR

26/44

thereon and from

V S 151



the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X, suicide [], homicide [], undetermined []. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER ... X | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR

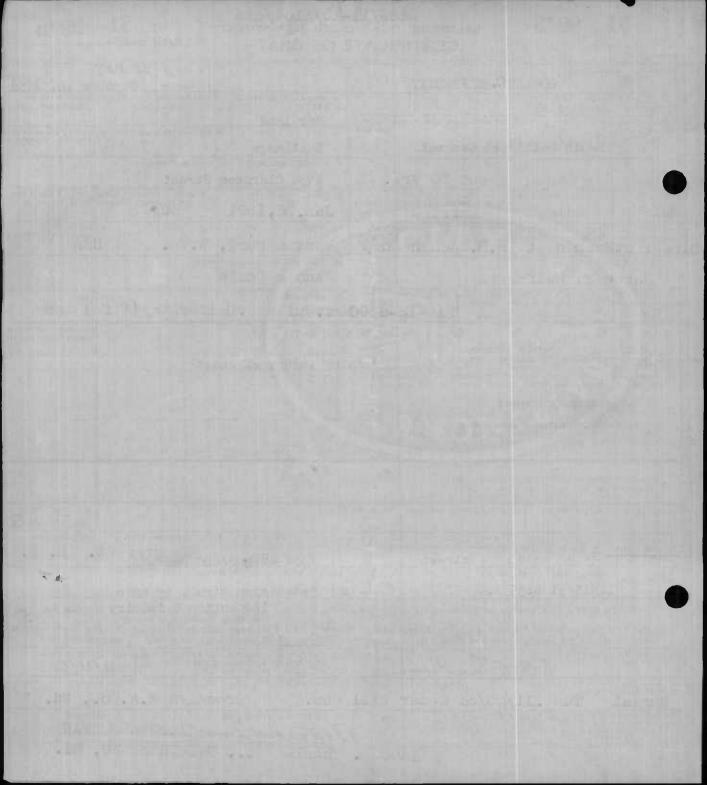
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Tues. 11/20/51 Cedar Hill Cem. Brooklyn A.A.Co., Md. Burial

24C. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Grows A. HOWARD EVANS

Et., Baltimore 30. V S 151

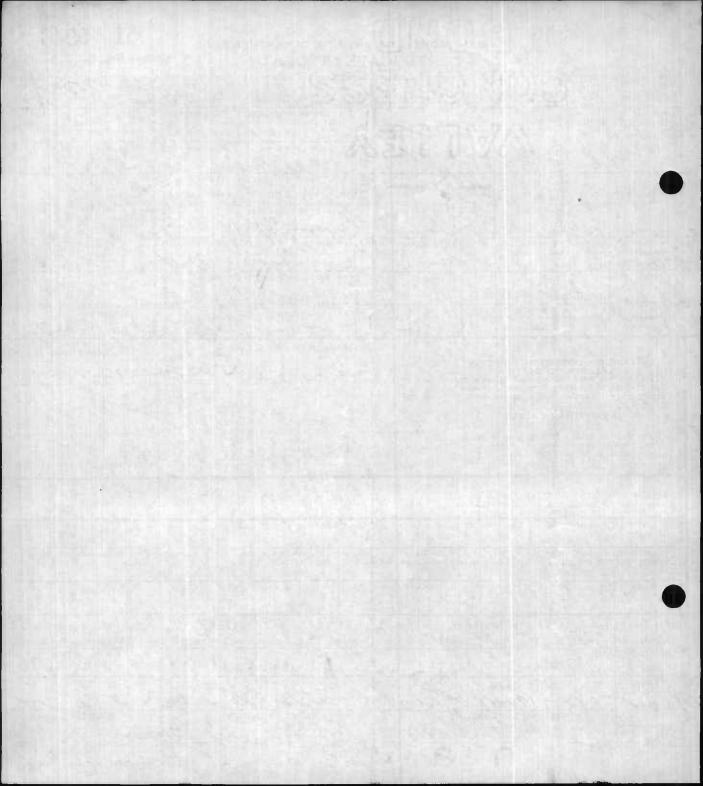
1400 S. Charles

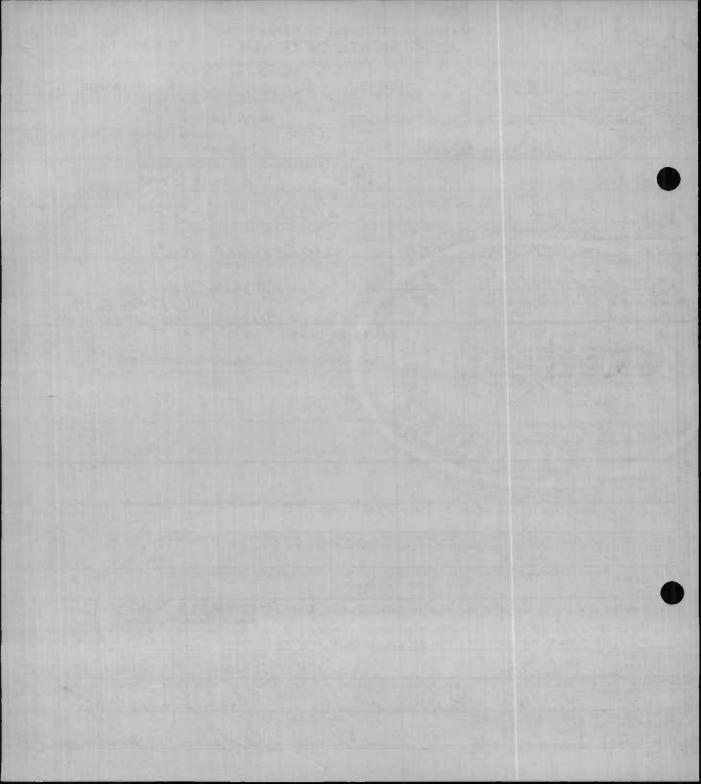


## BALTIMORE CITY HEALTH DEPARTMENT

51 9946

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE Hur Prof
anna Mosella lle	bough DEATH (nev) 15, 1951
a. Baltimore City, Maryland	4. USVAL RESIDENCE (Where deceased lived, If institution; residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION /630 TIO INT OF -	c. CITY OR TOWN (If outside eorporate limits, write RURAL and give township)
Yrs.	e. STREET ADDRESS (If rural give location)
c. Length of stay in Baltimore He - Mos.	1630 Light St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIYORCED (Specify)	8 DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Memole Mile Midowed	January 38/894   last birthday)   Months Days Hours Min.
10A. USUAL OCCUPATION (Givekinded 10B. KIND OF BUSINESS OR ork doped wring most of working life, even lifetired)	11. BIRTHE ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife at Joine	Vallenore, ma 4.56.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. AMMED FORCES?   16. SOCIAL	Mosa Deifert
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Mone	Mrs. planera Mechelle 1321 (aventes)
DISEASE OR CONDITION DIRECTLY	OF DEATH O SET AND DEATH
LEADING TO DEATH	andras Tarlere
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1
ANTECEDENT CAUSES	1
Z (B)	ype tension
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1 Lich.
UNDERLYING CONDITION LAST,	MT403Capsb
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g., li	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	otc.) INJURY OCCUR?
P. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	Cy, 195 /, to Nov. 14 , 1947, that I last saw the
deceased alive on Nov 14, 1957, and that death occur	
23A. SIGNATURE 2	38. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR GREMATORY 24D, LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	Constey Brookly 9,0,0- Med
BATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 1 8 10 5 1	Onthoused Evan
VS 150	COO P OF B OF 3
17-005	Charles St Balls. 30, had.
	7/

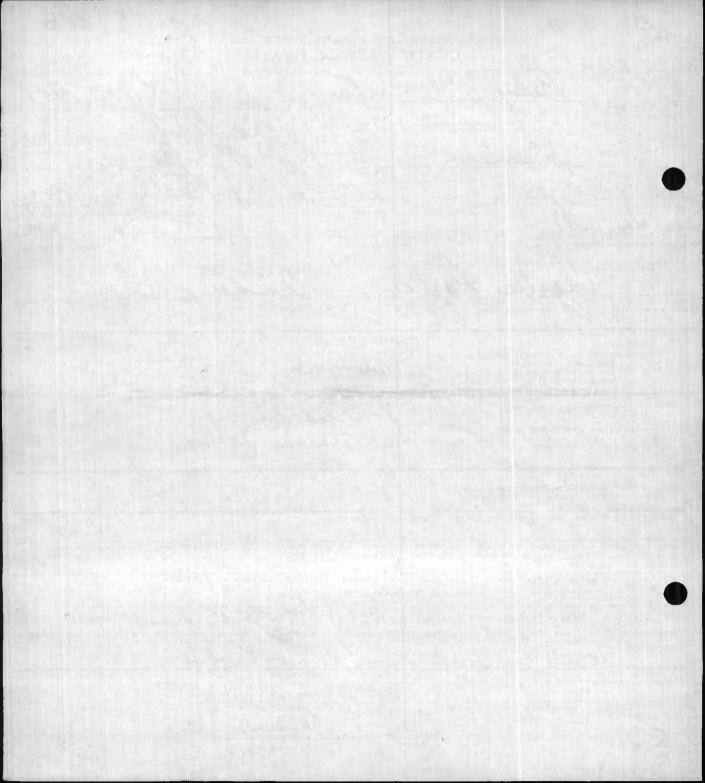




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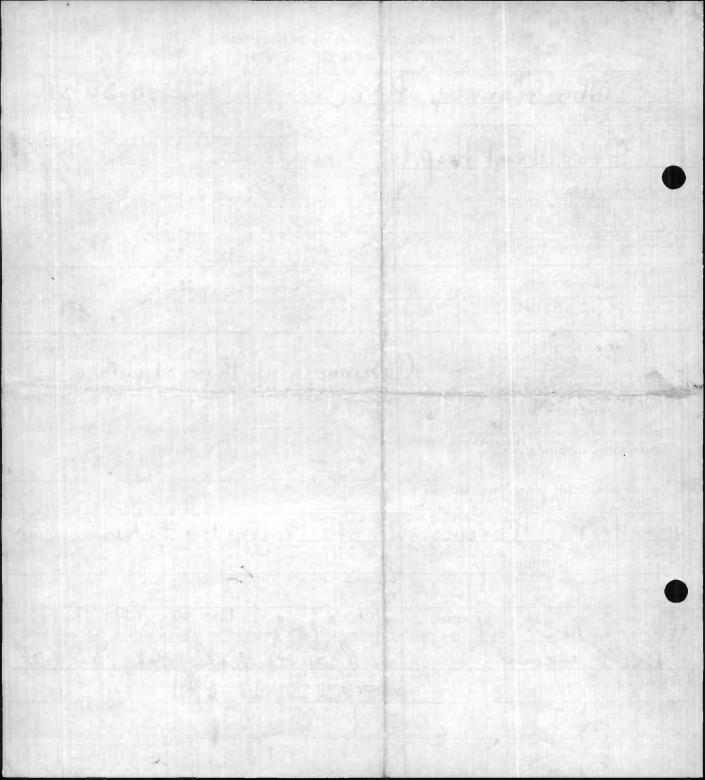
160a



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

C. D. Samuel	4.0	1	2

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) John Hay	vey Pric		2. DATE OF DEATH (0-30-5)
3. PLACE OF DEATH: A. Baltimore City, Maryland	J	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or ins	itution, give street address of	ma.	
HOSPITAL OR INSTITUTION	location	c. CITY OR TOWN	outside corporate limits, write RURAL and give
Provident		Buttone	2 19-01
	Yrs. Mos.	D. STREET ADDRESS (If r	cural, give location)
c. Length of stay in Baltimore  5. SEX [6. COLOR OR RACE   7. SIN	GLE, MARRIED,	8. DATE OF BIRTH	intam It.
In el wir	OOWED, DIVORCED (Specify	3-28-1891	9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of sork done during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY?
		Sichmond	Va
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME
aren		Knkmy	5mm
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
(This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RED TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING	(B)	noma of the etastasis	
	OR FINDINGS OF OPER		20. AUTOPSY?
5 10-29-31 Cay	einoma c	of Thyroid	- METUSTASIS YES NO M
	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		in Baltimore City, give exact location)
INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?
n	WHILE AT NOT WHILE		
22. I hereby certify that I attended	he deceased from 10	-8 005, to 0	- 30 , 195 , that I last saw the
	_, and that death occur		e causes and on the date stated above.
23A GRATUS Whole	м. р.	1 Aprilent L	betital 10-30-91
24A. BURIAL CREMA- 24B DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	MENION COMMON NOV	CATAN (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR	ADDRESS
HOCAL PERSTRAR	Williams, Mr.	Commissioner of	1 II ave
VS 150	EDWARD CO.		55c
		to it had been	



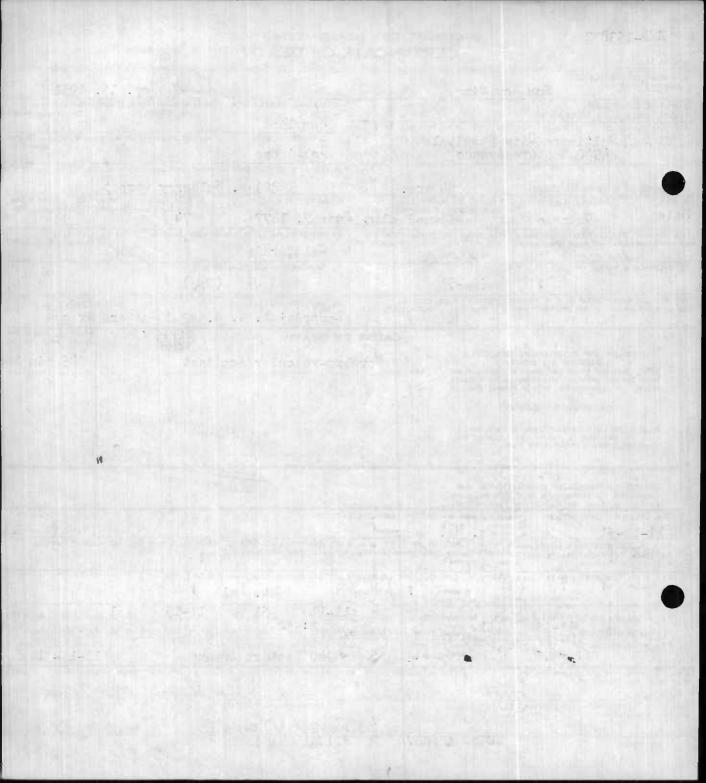
## BALTIMORE CITY HEALTH DEPARTMENT

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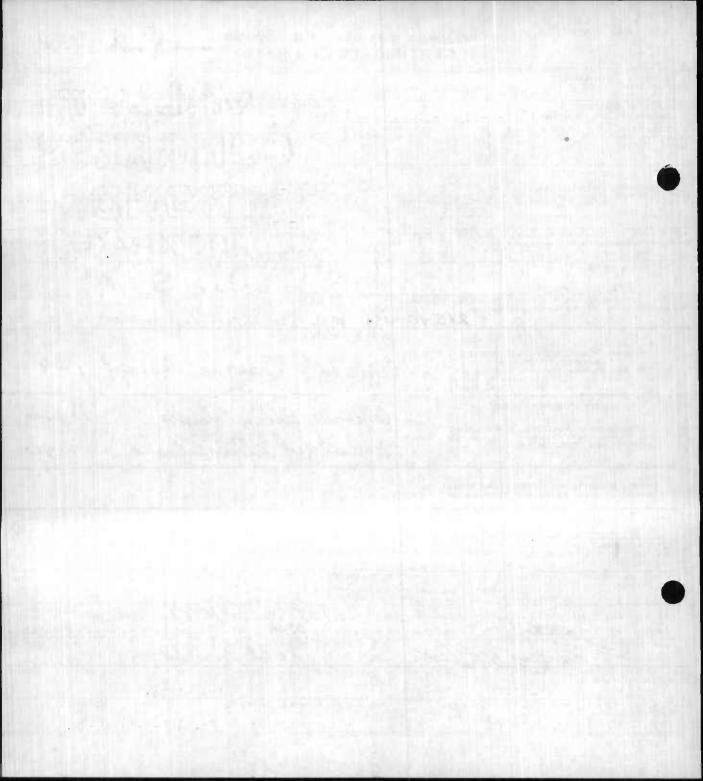
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Joseph Josephine Pe	hnice 2. DATE OF DEATH NOT 16 1951
B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs,	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 70 4 Mos. Days	2409 E Frederal St.
5. SEX 6. COLOR OR RACE 7. STNGLY, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years of Under 1 Year last birthday)  Months Dnys Hours Min.
10A. USUAL OCCUPATION (Givekindef IOB. KIND OF BUSINESS OR Ork done during most of working life even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	austria
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	James Usernal 2400 & Frederich
18. 420.1 CAUSE	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T/2 / 2 /
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	WARY LUCUMDESUS 3 Delegs
injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	sulfied arterior scherosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	and gent
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
	YES ND
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	a or   21C. WHERE DID (If in Baltimore City, give exact location)   INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	14 4 , 195 to WOV 16 , 195 that I last saw the
deceased alive on 15, 1951, and that death of cur	red at
JOSEPH Pokernn M.D.	2200 E Madison It 11/16/51
24A. BURIAL, GREMA 24B. DATE 24C. NAME OF CEMETE HON, RENOVAL (Specify)	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bureal Mar19 1951 bet Josep	hs lean Julestin Md
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
- War Change Change	Level 1701-03/1 Valterson Jack

STEEL SECTION OF THE PARTY OF T 12 Marine Batter and Secretary Commencer of the Secretary Dr Pokorny.

N- 870.0



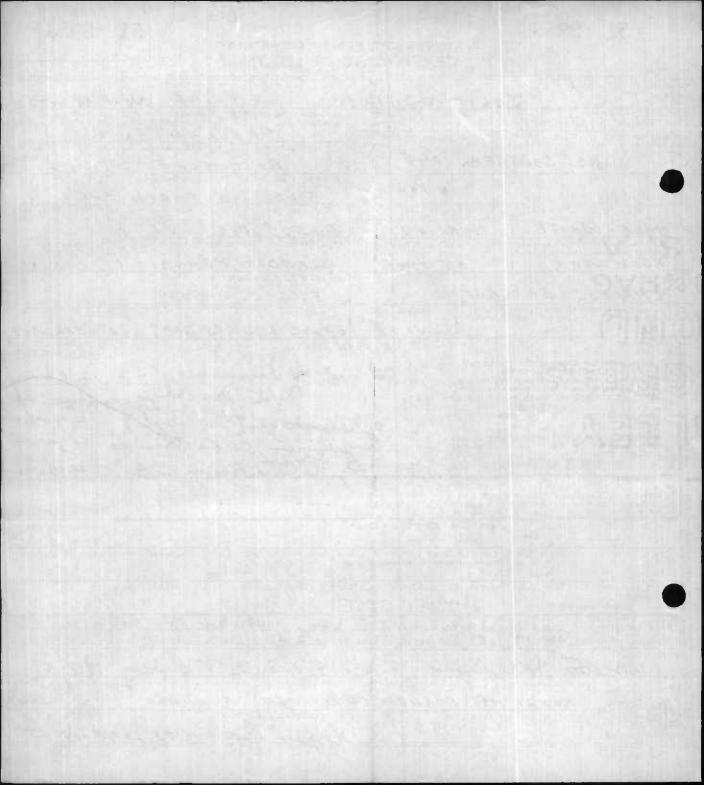
			CE	RTIFICAT	E OF DEATH	Registered	No.	C. Sand
ВІ	RTH NO.							
	NAME OF D	AJ.F	كمنظشس للعاك	SON HOEN		OF DEATH NOT	7_17_195	1
A.		City, Maryland 11			4. USUAL RESIDENCE (W	here deceased lived.  B. COUNTY	If institution befo	residence re admission)
HC	SPITAL OR STITUTION	OF (If not in hospit	al or institution, g	give street address or location)		outside corporate lin	more Cinits, write RU	b/
6-	Dr.	at	home		Baltimore	//-	04	oo waaanp,
C	neth of s	stay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS (If		/	
	SEX	6. COLOR OR RACE	7. SINGLE, MA		8. DATE OF BIRTH	9. AGE (In years)	If Under T Year	If Under 24 Hours
	MALE	WHITE	WIDOWED,	DIVORCED (Specify)	APRIL-6-1873	last birthday) 1	Months Days	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	EN OF COUNTRY?
	retin		Lithogra		Baltimore, "d.		U.S	
13	FATHER'S	NAME		1	14. MOTHER'S MAIDEN NA	AME	0.0	
		nest Hoen			Frances Nixdo	rf	4	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16	SECURITY NO.	17. INFORMANT		ADDRESS	
`	no	no	215	10-0004	Miss Helen R. Hoer	(danghter)	181 Woo	dlawnRd
	18. 33	1 4		CAUSE	OF DEATH		INTER	AL BETWEEN
		SE OR CONDITION	DIRECTIV	0,1002	o. BEATT		ONSET	AND DEATH
		LEADING TO DEAT	TH .	0.	bul Yuscal	a annal	1 /2	le
	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the disease,	(A)	- wege	a mai	14	Z
	injury or	complication which c	aused death.)	DUE TO			-11	
		ANTECEDENT CAUS	ES		1 1 1 +	1		
Z				(B) Use	bral arteriose	leuses	100	flus
0		S OR CONDITIONS, 11 THE ABOVE CAUSE (A)		DUE TO	0 1 0 -		0	
ATION		YING CONDITION LA		Mense	ulyel asteri	Selmon	3	420
FIC				(C) GAD.A.M.				
		11						
ERT		SIGNIFICANT CONDI						
8		SEASE OR CONDITION						
	19A. DATE	OF OPERATION 1	9B. MAJOR FIN	NDINGS OF OPER	RATION		20. 4	AUTOPSY?
Z							YES	_ NO X
EDICAL		DENT WAS UNDER-		OF INJURY (e. g., i ectory, street, office bldg.,		f in Baltimore City	, give exact	location)
Σ		(Month) (Day) (Year)	(Hour)   21E.	INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	FINJURY		m. WHILE	AT NOT WHILE				
	22 I hough				102- / 1/	m-17 10	5/ sheet 11	ast saw the
		y certify that I att						
	23A. SIGNA		2, 19 J. ana		rred at 10:30Am., from t			TE SIGNED
	234. 31614	Tanacan	m/4/1	ins	2416 51 10	, O. St	11/1	-/-
20	A. BURIAL,	CREMA- 24B. DATE	1345	NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, tow	n. or county)	(State)
TIC	N. REMOVAL	Specify			IN ON GREMATOR! 240. E	00/11/01/ (01/) 10/	,,	(2000)
	buriaa	11011-19		onhid Didge		cesville		
	TE RECEIVE	RAR REGISTRAR	S SIGNATURE	Buttle Bog 11 here	25. FUNERAL DIRECTOR		ADDRES	5
N	OV 1 8 19	951	AL LE		Stewart & Yowen (	0. 108-17-No	rth-Av.	
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#### BALTIMORE CITY HEALTH DEPARTMENT

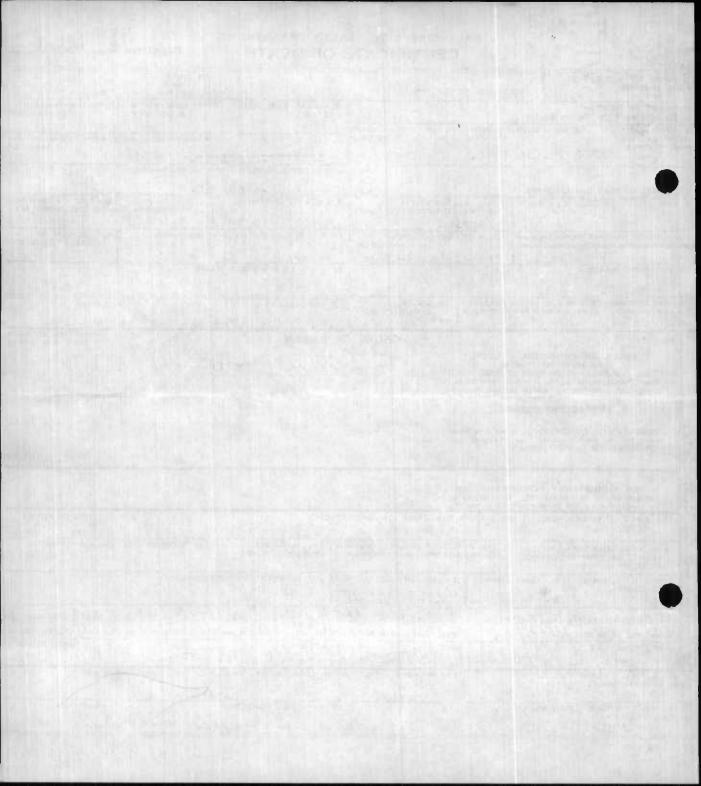
BIRTH NO.			CERTIFIC	CATE	OF DEATH	4	Registere	0 NO		-
1. NAME OF D	DECEASED	,					2. DATE			-
(Type or Print)	7	TUL /A	SQU	IRE	S		DEATH N	001	18 1951	
3. PLACE OF D	City, Maryland				4. USUAL RESIDE	NCE (W	here deceased lived	l. If institut	tion: residence before admission	
B. FULL NAME	OF (If not in hospit	al or institution	n, give street ad	dress or		RYLA	NO.			
HOSPITAL OR			_	ocation)	c. CITY OR TOWN		outside corporate li	imits, write	e RURAL and give	0
	3005 5007	HERN	AUE				TORE	27-	O Jownship	100
			LOYRS	Yrs.	D. STREET ADDRE	ss (If r	ural, give location	)		
c. Length of s	stay in Baltimore		40/43	Mos. Days	3005	500	UTHERN	, AU	E	
5. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, D, DIVORCED	(Specify)	8. DATE OF BIRTH		9. AGE (In years	If Under 1 )	Year H Under 24 Hours Days Hours Min.	
EFMALE	WHITE	A	RRIEU	(Dpoorty)	JUNE 25 1	880	7/	and the same	July Hours Mill.	
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS	OR	11. BIRTHPLACE (S		reign country)		ITIZEN OF	
4/	E WORK		T HOME		SCANDIA	a P	ENNA,		HAT COUNTRY	3
13. FATHER'S			1 40.72		14. MOTHER'S MAI				U.S.A.	-
CHAN	RLES ERI	CKSOI	1/		EVA C	. 04	450 N.			
	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	. NO	17. INFORMANT			ADDRES	SS	=
No	(11 500, 810 Haz or duce	0. 801 1100)	IVO N	-	ERWIN SQ	VIRE	5 3005 5	DUTH	FRN AUF	-
18. 14,	12 4				OF DEATH	- 12	00000	IN	TERVAL BETWEEN	ł
DISEA	SE OR CONDITION	DIRECTLY			4 11			01	NSET AND DEATH	1
(This does	LEADING TO DEA's not mean the mode of	TH duing a g	6	F G	nebral ber	morr	heer =		24 hours	٥
heart failt	ure, asthonia, etc. It mea	ns the disease,	( ( ( )				un plugia			10
	ANTECEDENT CAUS		502 10		- Jul	. 10		\		
2	ANTECEDENT CAUS	5.5	(8)	arte	rioschrosis	-( Be	medized	)	4 years +	3
DISEASE	S OR CONDITIONS, I	F ANY, GIVING	DUE TO	24	1.00	Cald	is - Vascul	41)	4 gears 4	•
	YING CONDITION LA		(C)		Since			-		
2		,	(C)	020	- Curi III	Vers	the coule	11	4 year	
OTUES 4	11									
TRIBUTING	SIGNIFICANT CONDI	NOT RELATED		-				1		
	DISEASE OR CONDITION				ATION				20 4170004	-
J ISA. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF	- OPER	ATION				YES NO	4
21A. ACCIE	DENT WAS UNDER-	218. PLA	CE OF INJURY	(e. g., ir	or 21c. WHERE D	ID (If	in Baltimore Cit			-
LYING O	R CONTRIBUTING	about home, fa	rm, factory, street, of	ffice bldg.,e	INJURY OCCUP	R7		,		
D. TIME		(Hour) 12	1E. INJURY O	CCLIBBI	D 21F. HOW DID	INTURV	OCCUP?			_
INJURY	(monon) (Day) (Teat)	` '		OT WHILE	TIP. HOW BID	MSORT	OCCORT			
			WORK	TWORK						_
22. I hereb	by certify that I att	tended the c	deceased from	n	hear, 194	to h	4. 18 , 1		t I last saw th	
	live on hor. 17	_, 19 <b>.51</b> , a	nd that deat			from th	re causes and o	n the dat	te stated above	-
23A. SIGNA	TURE	100		2	3B. ADDRESS	0 0	AR W	230	DATE SIGNED	
W.79	when He	spurp	, N	f. D.	14 miles	al b	of Jule	19 11	18 5 1	165
24A. BURIAL. TION. REMOVAL (S					RY OR CREMATORY		OCATION (City, to	yn, or equ		
BURIA	L NOV 21			4 CH	URCH CEM.		ANDIA		PENN	4
DATE RECEIVE		SSIGNATUR	RE		25. FUNERAL DIRI	ECTOR		ADDI	RESS	
TAUVIO	4 m lade	757 / 16VI	All Market Mark		11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	V	1000 - 1			



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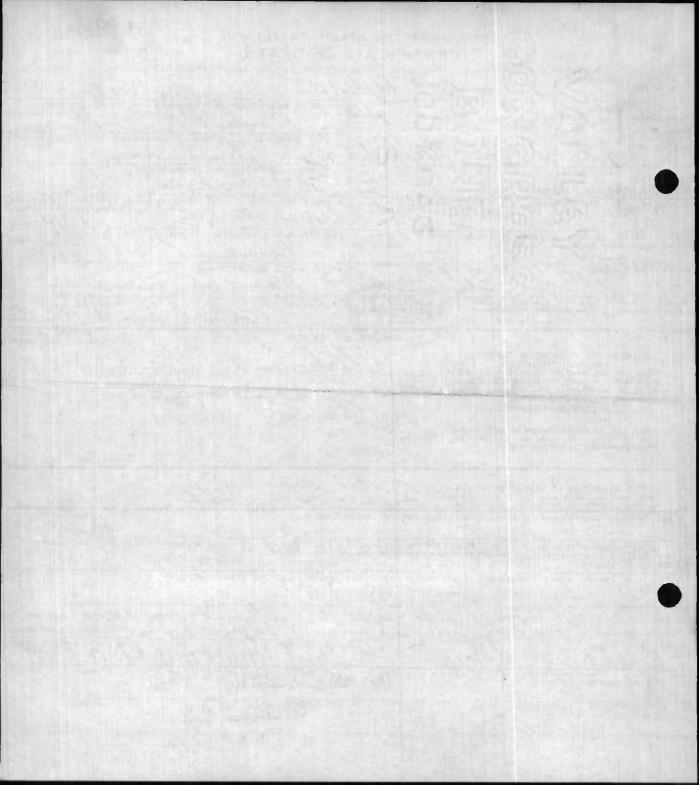
# BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered 1	No. 0934		
1.	NAME OF D		ILIP T	ብለድ ለ ጥጥ		2. DATE OF DEATH NOV.	16. 1951		
A.		EATH: City, Maryland			4. USUAL RESIDENCE (			n)	
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospital 2203 St. Pau		ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township				
0		2200 DG. 120	1 00.	Yrs. Mos.	D. STREET ADDRESS (II		re		
c.	hangth of s	tay in Baltimore		Days	2203 St. Paul				
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW Marr	E, MARRIED, VED, DIVORCED (Specify)	April 9. 1863	9. AGE (In years last birthday) Mo	f Under 1 Year   If Under 24 Hour onths Days Hours Min		
		CUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF		
		of working life, even if retired) or Retired	Profes	ssional - Law	Petersburg Ve		USA	Υ :	
	. FATHER'S		110131	SSIOHAI- LAW	14. MOTHER'S MAIDEN NAME				
	·Vm .	W. Thweatt			2				
15	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	I6. SOCIAL	17. INFORMANT	A	DDRESS		
(Ye	No	(If yes, give war or dates	or service)	SECURITY NO.	Mrs. Effie C.Th	mont+ 2203 C+	. Peul St.		
1	18. //			CAUSE	OF DEATH	NEBULL ZZUB SI.	INTERVAL BETWEE		
	4	77 7	DIDECTIV	CAUSE	DEATH 9	1	ONSET AND DEAT	H	
	DISEA	SE OR CONDITION LEADING TO DEAT		7 7	mais huy	o cont	3/2		
		s not mean the mode oure, asthenia, etc. It mea	f dying, e. g				······································		
		complication which c							
		ANTECEDENT CAUS	ES						
z				(B)		*************************			
0		S OR CONDITIONS, II							
¥		YING CONDITION LA					and edition of		
U		200		(6)	***************************************				
ERTIFI		II SIGNIFICANT CONDI G TO THE DEATH, BUT							
Ü		DISEASE OR CONDITION					L no MUTORSY1		
DICAL	19A. DATE (	OF OPERATION 1		FINDINGS OF OPER			YES NO		
MEDIC		DENT WAS UNDER- PR CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)		
	21b. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?			
K			m.	WHILE AT NOT WHILE					
	22. I herel	by certify that I att	ended the	deceased from	19 1/19 to 1	1/16/3719	, that I last saw t	h	
	deceased a	live on 4/115/	\$ 1/9	and that death occur	rred at 7.30 Chaffeom				
	234. SIGNA		cul		1924UN ON	an	11/17/5~L	D	
24	AA. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town		2)	
TH	on, removal () Buria		51	Parkwood Ce	n. Roll	timare Nd.			
	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTOR	A STATE OF THE STA	ADDRESS		
L	OCAL REGIST	1951 - 44	in M	Minute / Later	Vm J. Tukner	· Lond Inc.	Bello, Md.		
	VS 150				9 4		927		
							12/		



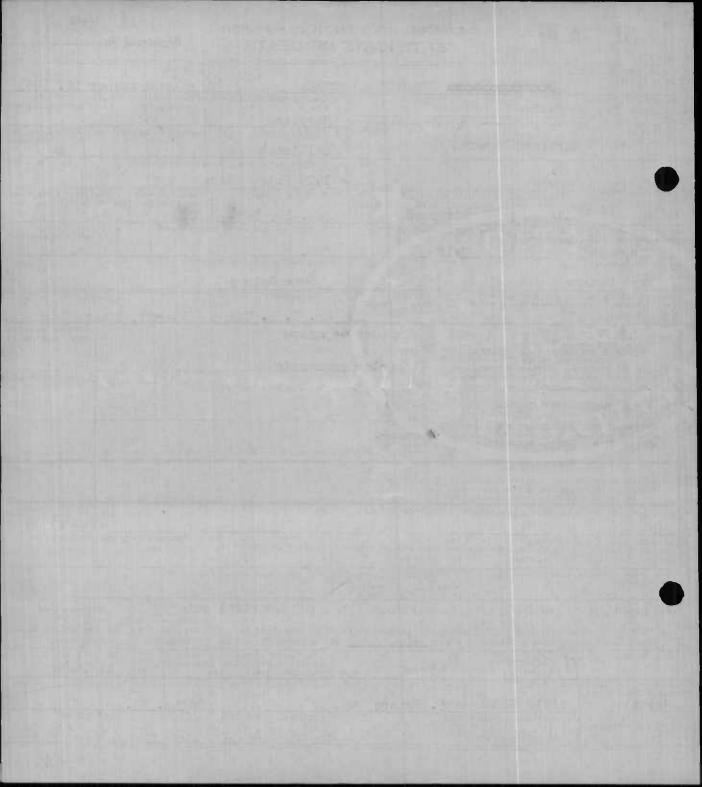
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BIRTH NO. 5	1-26	633	CERT	IFICATE	OF DEAT	Н	Registe	ered No		
NAME OF D		BABY	Boy	UHL	AND.		DATE OF DEATH	Nov. 1	4	1951
B. PLACE OF D. Baltimore (	city, Maryl	and Ruck	Home K		4. USUAL RESID	yland	B. COUN	Box	Sigt o	ore admission
OSPITAL OR	Chur	ch Hom	- l/	Tospitel	Lowson,	Ball	inve		ite RUI	RAL and giv township
e. Ogth of s				Yrs. Mos. Days	1876	York	give locati	Kol.	5	2.0.4
Male	6. COLOR o		OWED, DIVO		Nov. 12,	1951				Hours Min.
OA. USUAL OC			ND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	o country)			EN OF COUNTRY
3. FATHER'S	RO RO	best &	Klow	2	14. MOTHER'S M	y Olus	n a	our	na	nn_
5. WAS DECEASI	D EVER IN U	S. ARMED FORCES war or dates of service)		JRITY NO.	17. INFORMANT	Phuro	1/6	ADDR	ESS /	Somites
(This does heart failuinjury or DISEASE:	LEADING not mean the re, asthenia, e complication ANTECEDEN	ne mode of dying, etc. It means the dis which caused de NT CAUSES TIONS, IF ANY, GI AUSE (A) STATING	e.g., (A) ease, ath.) DUE  VING THE DUE	G	Velector Vionia i	i us	If he	ung	43	And Death
TRIBUTING	TO THE DEA	I CONDITIONS ATH, BUT NOT REL CONDITION CAUSING	ATED (	Tre	mather	built	7.			
19A. DATE C	F OPERATIO	ON 198. MAJ	OR FINDING	S OF OPER	ATION				20. 7 YES	NO NO
LYING O		y) (Year) (Hour)	21E. INJU	IJURY (c. g., intreet, office bldg., c	(c.) INJURY OCCU	UR?		City, give	exact l	location)
22. I hereb deceased a 234 IGNA	ive on	hat I attended t	he deceased	death occur	red at 1.05 P.m	en, from the e	auses and	d on the d	ate st	TE SIGNED
24A. BURIAL, TION, REMOVAL (S	CREMA- 248 Specify)	. DATE	24c. NAM	E OF CEMETE	DAS REDICAL STADIO	NOV 1	6 1951	, town, or c	ounty)	(State)
DATE RECEIVE		SISTRAR'S SIGNA	TURE	4118	25. FUNERALIS	STOTE OF	Health	AD	DRES	S
VS 150		_ (a) -	THE DESIGNATION OF THE PERSON			. 1. 1.			15	59



Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE OF STEPHEN R. DEATH November 16. 195] 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: 8 COLINTY before admission) A STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C CITY OR TOWN INSTITUTION Marvland General Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 1923 Eutaw Place th of stay in Baltimore Days If linder 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) 6 COLOR OF RACE last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) Male White Jan. 19. 1901 Divorced 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108 KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of ) INDUSTRY WHAT COUNTRY? ork done during most of working life, even if retired) Carpenter V8. 13. FATHER'S NAME Arch Sowers Cora Grimes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO NO Box-68 Savage. Mr. C. R. Eve INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Lobar pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 101 ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218 PLACE OF INJURY (6. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH. 21E. INJURY OCCURRED 21F HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held anpartial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER ... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-11/19/51 Peters Cem. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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26.

DIDTU NO			CERTIFICATI	E OF DEATH	H Registered 1	No.
I. NAME OF D	ECEASED -/	2-1/-	. 3		2. DATE	
(Type or Print)	CLARA	BELLE	BERGERON		OF	
B. PLACE OF DI	EATH: Clarab	elle Be	rgeron	4. USUAL RESIDE	DEATH 11-16  NCE (Where deceased lived, If	institution : residence before admission
FULL NAME	OF (If not in hospit	or insatuti	on, give street address or			mars and &
HOSPITAL OR			location)	c. CITY OR TOWN	(If outside eorporate limit	ts, write RURAL and give
	St. Agnes H	losoi t.al	77	Paltimore	Naryland SS (fi rural, give location)	
bength of s	tay in Baltimore		Yrs. Mos. Days			5200
5. SEX	6. COLOR OR RACE	7. SINGUE		8. DATE SPENE	last birthday) M	if Under 1 Year on the Days Hours Min.
O W mureta Lea occ	C 10 10 10 10 10 10 10 10 10 10 10 10 10		BUSINESS OR	7-25	63 State or foreign country)	
	COPAITION (Give kind of working life, even if retired)	108544440	INDUSTRY	I II. BIR PHPLACE (S	state or foreign country)	12. CITIZEN OF WHAT COUNTRY
HOM		AT H	ONE	14. MOTHER'S MA	· FREDERICK	USA
A EIRSBEROH EI	0		DI PARTE IN	14. MOTHER'S MA	IDEN NAME	
	BRADSHAN					
5 WAL DIENS	DEVENTIONS. ARMED	FORCES?	16, SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown)	(If yes, give war or dated	of service)	SECURITY NO.			IDDRESS
NO			NONE	MR. 3. F. BERGER	an - JESSUP. MD	
18. 5	70.5		CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	E OR CONDITION	DIRECTLY				
(This does	not mean the mode o	TH f dying, e.g	· (A) eln	enition		
heart failu	re, asthenia, etc. It mean complication which e	ns the disease		Instriction		
injury or	complication which c	auseu deaut.	1) 000 10 740	endary as	rimia	
	ANTECEDENT CAUS	ES	7 0.0	/ .		
DISFASES	OR CONDITIONS, IS	F ANY GIVIN	(B)	aczaruj 202	governing to go had ago received and a second	
RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO DE UL	ncilo de t	o inflammory a	helions
UNDERLI	ING CONDITION LA	51.	(C)I'O''	Trintillian ann	e dix with e itc	ni is
			0,0 01	PERM - PAO YES	ra or age.	
OTHER	IGNIFICANT CONDI	TIONE CON				
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
	ISEASE OR CONDITION					
J 19A. DATE O	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
	-(1)T	1		1		YES NO L
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour)   2	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
INJURY			WHILE AT NOT WHILE AT WORK			
22 I horeh	a contifue that I att	anded the	deceased from My	12. 195	7 to 11/16 195	E, that I last saw th
					from the causes and on t	
23A. SIGNA		_, 19		3B. ADDRESS	, from the causes and on t	23c. DATE SIGNED
234. 313144	00	Sten		-00	Hasnital	11/16/51
24A. BURIAL, C	200-090		M. D.   24c. NAME OF CEMETE		24D. LOCATION (City, town	n. or county) (State)
TION, REMOVAL (S		,	1.	A/		
BURIAL	11/29/51		MEADON RIDGE	MEN CEN	ELKRIDGE HONARD (	
DATE RECEIVE LOCAL REGIST		SSIGNATU	RE 1/ A	25. FUNERAL DIR	ECTOR	ADDRESS
	1051 15 to	Jon 11h	( Wings 1.)	Wm. V. Juck	un Sone Sone B	alls ma.

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See ocumen' File 1-9957

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condition for which the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or int) OF MARY (MOLLIE) HEINZE Nov. 15, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence OF DEATH: B. COUNTY before admission) A. STATE nore City, Maryland Md. (If not in bospital or institution, give street address or ULL NAME OF PITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN TITUTION 2029 E. 31st St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. higth of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female white widowed Sept. 26, 1873 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Conrad Schwinn ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. Mr. William T. Heinze-2029 E. 31st St. none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH RTIFICATION

LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Carcinoma of Stomach	about 1
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	
ANTECEDENT CAUSES	Carcinoma of Pancreas	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO	
UNDERLYING CONDITION LAST	(C)	

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

Carcinoma of Stomach & Pancreas 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID

21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING

CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY

NOT WHILE

, 1951, to NOV. 15th, 195] that I last saw the

22. I hereby certify that I attended the deceased from By 2. deceased alive on NOV. 15,1951, and that death occurred of: 45 Pm., from the causes and on the date stated above.

23c. DATE SIGNED 25th. St. Balto.Md.

24A. BURIAL, CREMA-24C. NAME OF CEMETERY TION, REMOVAL (Specify)

24D. LOCATION (City, town, or county) OR CREMATORY

Balto.

Burial Balto. Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

UNERAL DIRECTOR

ADDRESS

20. AUTOPSY

VS 150

23A. SIGNATURE

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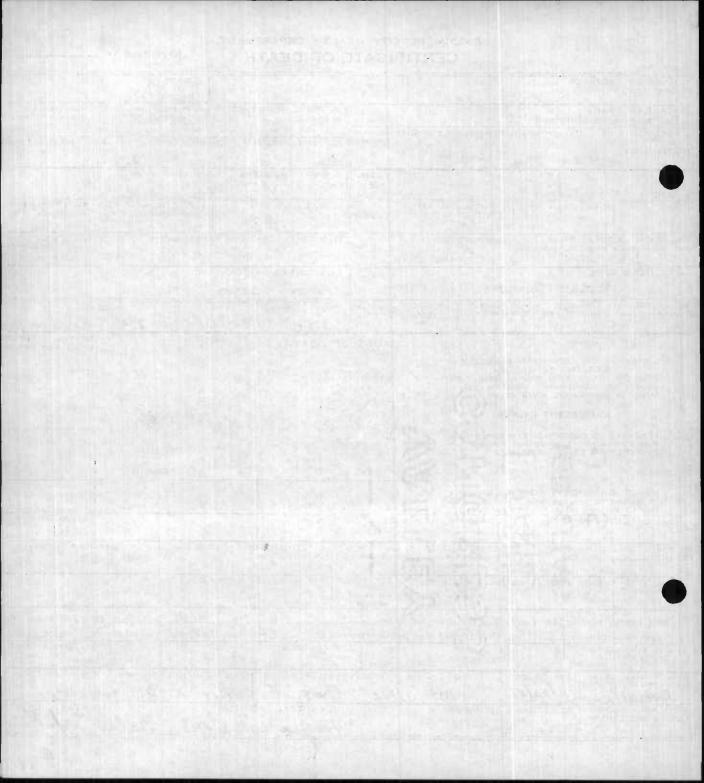
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9959 Registered No.

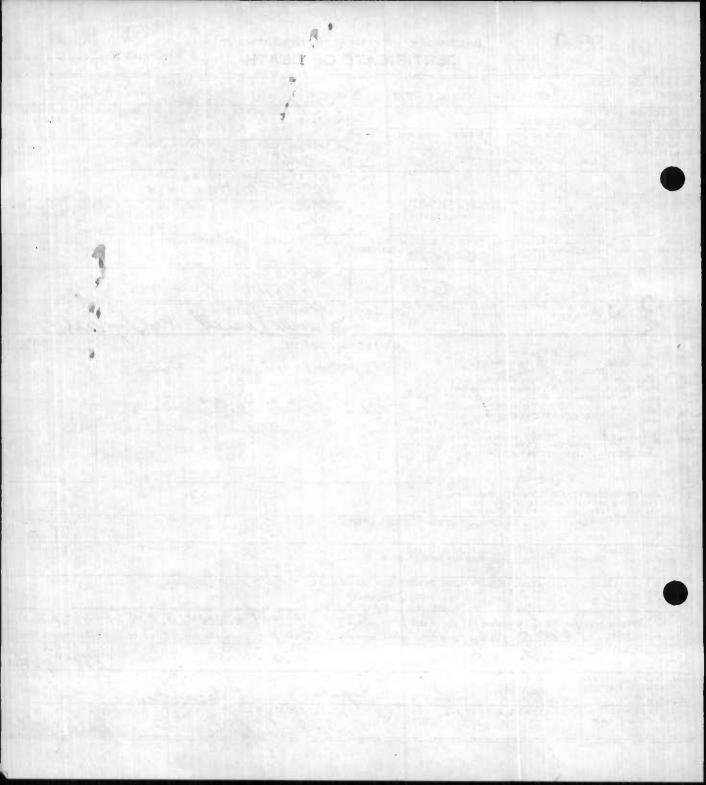
BIRT	H NO.				
	or Print) Lyther M. Schw	ARTS		OF DEATH	18, 1951
A. Ba	ACE OF DEATH: litimore City, Maryland RALtimo	re.	4. USUAL RESIDENCE (W A. STATE Yn Aryl And		
	LL NAME OF (If not in hospital or institu	ition, give street address or location)		outside cornorate limit	ts, write RURAL and give
	ITUTION Lytheran Hosp. of	maryland.	Baltimore	2 1-	township)
		Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c Le	ngth of stay in Baltimore	Mos. Days	3349 W. Belu	redere Ave	* 本几
5. SE	X 6.COLOR OR RACE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H Under I Year   It Under 24 Hours
0	^	WED, DIVORCED (Specify)	m ray 11, 1884	67	onths Days Hours Min.
	eduring most of working life, even if retired)	of Business or INDUSTRY iston Rings	Pennsylvania	eign country)	WHAT COUNTRY
13. F	ATHER'S NAME	(M)	14. MOTHER'S MAIDEN NA	ME	
	Ethriam Schwartz		Mary Weikert		
15. W	AS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17, INFORMANT	A	DDRESS
Xes, no	or nnknown) (If yes, give war or dates of service)	212-09-8878	Mrs. Lula E. Sc	hwartz 334	Belvedere Av
18	DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	Y .s., (A) Pulma	of DEATH nary edema -		INTERVAL BETWEEN
ICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	capoline cons	Disease	luee
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	ON-			
_		R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIO H		ACE OF INJURY (e. g., i e, farm, factory, street, office hldg.,		f in Baltimore City,	give exact location)
	D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
2	2. I hereby certify that I attended th	e deceased from No	v. 18 , 1951, to 11	JV. 18 , 195	that I last saw th
d	eceased alive on Nov. 8 A, 1951	and that death occur	rred at 4: 09 Am., from th		the date stated above
	3A. SIGNATURE in aldi Hauto		238, ADDRESS		RESC. DATE SIGNED
	BURIAL, CREMAN 24B. DATE REMOVAL (Specify)	mt. Olive T	ERY OR CREMATORY 240. LC	COVER, 19.	YORK Co.
	E RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR	Ville Kill 1	Wm. Jolicenus	no Bal	ADDRESS ADDRESS
	VS 150	6903	L		937



0	00				EA	0.00
p.	51 9960 RTH NO. 5/- & G		BALTIMORE CITY H	EALTH DEPARTMENT	Registered No.	9980
1.	NAME OF DECEASED		Richard (	Carr	2. DATE OF DEATH	17-51
	PLACE OF DEATH: Baltimore City, Maryla	ınd		4. USUAL RESIDENCE	Where deceased lived, If ins	stitution: residence before admission)
H	OSPITAL OR		r institution, give street address of location  HospiTal -	` I	f outside corporate limits, v	write RURAL and give township)
	Length of stay in Balti		Yrs. Mos. Days	1806 RAVA	rural, give location) er Ave	, and the second
	PALE 6.COLOR OF		SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years lf Un last birthday) Mont	der   Year   N Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) WHAT COUNT  WHAT COUNT						
13	JAMES	RUSS	ELL Carr	14. MOTHER'S MAIDEN N	TEWART.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.						
TIFICATION	DISEASE OR CONILEADING (This does not mean the heart failure, asthenia, e injury or complication  ANTECEDEN  DISEASES OR CONDITION RISE TO THE ABOVE CAUNDERLYING CONDITION  ON THE CONDITION  O	O DEATH e mode of d; c. It means t which cause T CAUSES TIONS, IF AR USE (A) ST. TION LAST.	rectly  ying, e.g., the disease, ed death.)  OUE TO  (B)  NY, GIVING ATING THE  OUE TO	of DEATH rebal edema	- Bila - Electasis.	ONSET ANO OEATH
CERTI	OTHER SIGNIFICANT TRIBUTING TO THE OEA TO THE DISEASE OR C	CONDITIO	T RELATED			
7	19A. DATE OF OPERATIO		MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						re exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	deceased alive on No	at I attend	ded the deceased from 22 951, and that death occ	urred at Tio Am., from	the causes and on the	date stated above.
	23A. SIGNATURE	rut	amez M.O.	23B. ADDRESS Secon	us penp.	180. 17 196
TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	DATE /19/51	Stone Ch	0.	LOCATION (City, town, or	r county) (State)
D		STRAR'S S	IGNATURE	25. FUNERAL DIRECTOR		DORESS DAL

VS 150

REGISTRAR'S SIGNATURE



1. NAME OF DECEASED

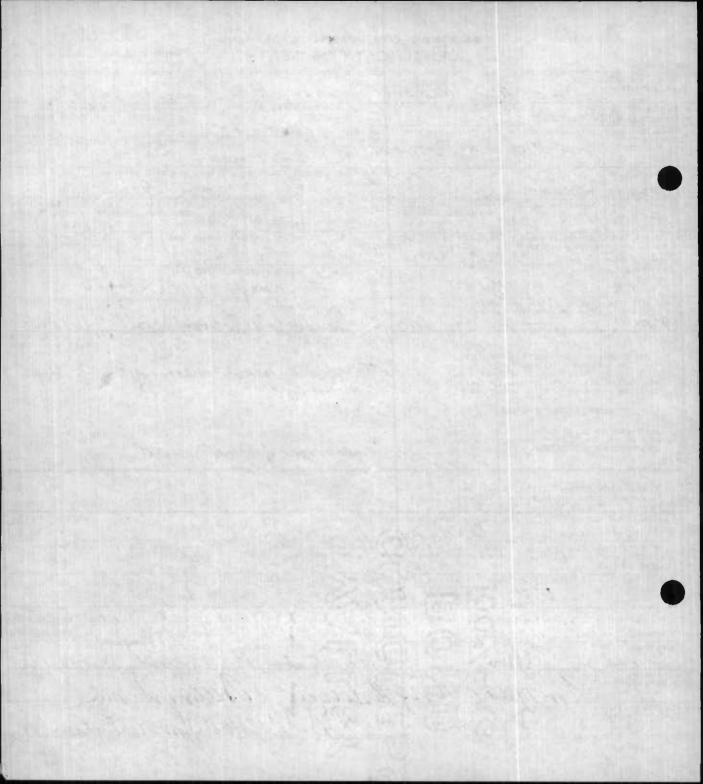
BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9961 Registered No.

2. DATE

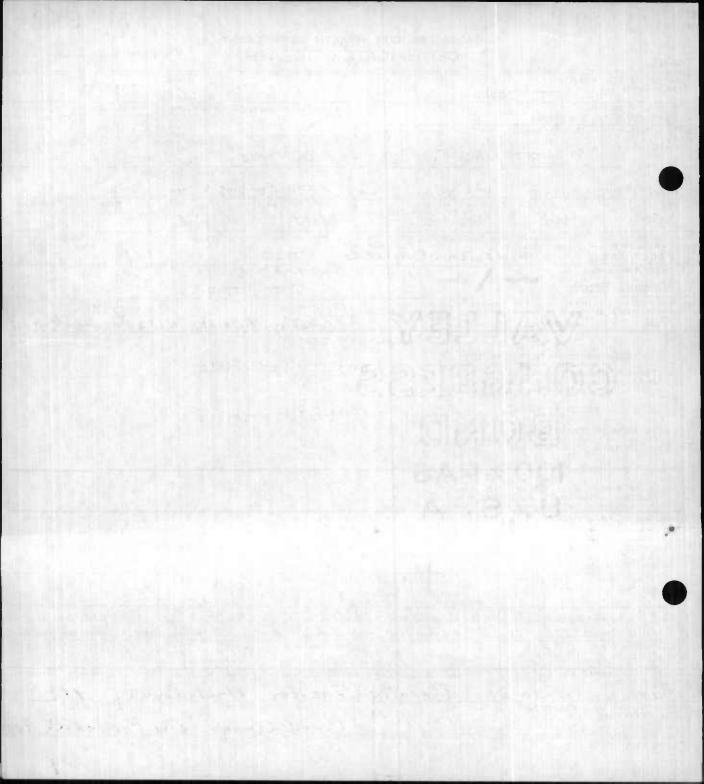
MAE MAGELINE 119	OWAN (MRS) DEATH /1-/6-5-/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE, , B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION UNION MEMORIA ( HOSPITA /	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
	BATTIMORE 2603
42 Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore — Days	3002 PElham AVE
5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   11 Under 24 Hours   12 - 25 - 08   42   10   10   10   10   10   10   10   1
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE at House	MARY/AND U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PATRICK MCFUEN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	ElizabeTH HINKLE MAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	TAINFORMANT ADDRESS
	INTERVAL BETWEEN
//0 × 1	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	apritue shock secondary to 2 days
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	- prison prison action of a accept
injury or complication which caused death.) OUE TO	many
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
PIECE TO THE ABOVE CALLES (A) CTATING THE DUE TO	2. 11. 7 1- 2
(c)	cinom forust right ?
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
1 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	MAN THE WAS NO !
218. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street; office bidg., a	n or 21c. WHERE DID (If in Baltimore City, give exact location)
Do. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT WORK NOW WHILE	
	1. 13 , 195/, to Nov. 16 , 1957, that I last saw the
	rred at 7:30 Am., from the causes and on the date stated above.
234/SIENATURE	38. ADDRESS Union Membel braph 23c. DATE SIGNED
Hope J. Mison M.O. 1	Baltimere 18 Maryland new 16, 1951
24A. BURÍAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OF CREMATORY 2407 OCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	XIN MANNET South Fut Do
	The Manne of the County of the
VS 150	5
	20



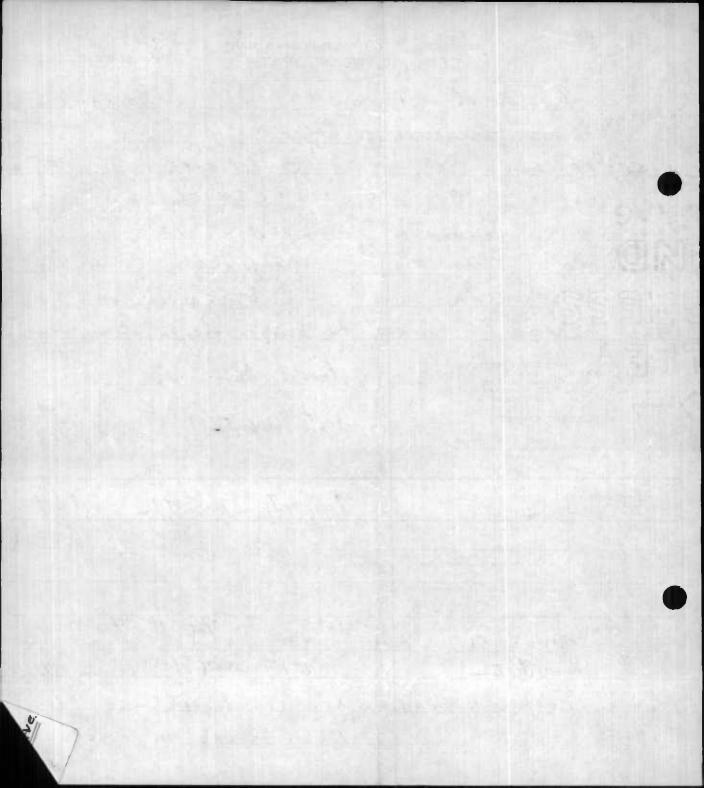
BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

C	ERTIFICATE	E OF DEATH	- Registered	No		
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Mr. Harry Brooks			2. DATE OF DEATH	/17/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	If institution : residence before admission		
B. FULL NAME OF (If not in hospital or institution Bon Secours Hospit	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give baltimore 15 3 township				
c. heigth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, give location) ederick Ave.			
Male White Marr	MARRIED. D. DIYORCED (Specify)	8. DATE OF BIRTH 8/7/09	9. AGE (in years)	Months Days Hours Min.		
ork done during most of working life, even if retired)	F BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	BLEC APP. (M)	14. MOTHER'S MA	DEN NAME	U.S.		
Samuel Brooks	Bree mr.(m)	Clara 1	Harper			
Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO NONE		VOROTHY M	1. BROOKS 51231	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	ralized Peri				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
HON. DATE OF ERRATION   198 MAJOR F	tional Obstr		neralized Peritor	20. AUTOPSY?		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  WHILE AT WORK  AT WORK  21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact loc 10c. WHERE DID (If in						
23A. SIGNATURE		3B. ADDRESS	From the causes and on	23c. DATE SIGNED		
TION REMOVAL (Specify)	C. NAME OF CEMETER	2	24D. LOCATION (City, tow	on, or county) (State)		
DURIAL 11-20-51	GRANITE (	EMETERY	BALTO. Count	y Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE NOV 19195	illiann	GEO.L. Se		SADDRESS PEDERICK AV		
VC 150	1					

6903L



DIDTU NO	CERTIFICAT	E OF DEATH Registered	No.
1. NAME OF DECEASED A		2. DATE	
(Type or Print)	C. Lysk	OF DEATH NO	VEMBER 16.79
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission
B. FULL NAME OF (If not in hospital or institu	tion, give street address or location)	MARYLAND	
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and gi
1151 CLEVELAND	57	ISALTIMORE O	-0
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 4;	AE Mos.	1151 CLEVELAND	St.
WIDO	E. MARRIED. NED, DIVORCED (Specify)	7 .1	If Under 1 Year II Under 24 Hou Months Days Hours Min
	domed	April 22 1859 92	
10A. USUAL OCCUPATION (Give kind of 10B. KIN ork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE Vo	restic	MARYLAND	4. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Dohn T. MORGA	n	Un Known-	DOUALL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO NONE	NONE.	MR. Cheistian BRAUN 2	614 WAShington
18. 590 X	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY		0 -	ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dying, e.		Bronche Grennowa	3 days
heart failure, asthenia, etc. It means the disea	se,	M. Marian	
injury or complication which caused deat	h.) DUE TO		8
ANTECEDENT CAUSES		arute Neplata	1/aans
DISEASES OR CONDITIONS, IF ANY, GIVE	(B)	court 1 de province	
RISE TO THE ABOVE CAUSE (A) STATING T	HE DUE TO		
UNDERLYING CONDITION LAST.	(C)	•••••••••••••••••••••••••••••••	
Y The state of the			
OTHER SIGNIFICANT CONDITIONS CO	N.	9 4 1 12	016
TRIBUTING TO THE DEATH, BUT NOT RELAT	ED	Tescuatous Hermontes	ZWES
TO THE DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION   19B, MAJOI	R FINDINGS OF OPER	minimum minimu	20. AUTOPSY?
J 194. BATE OF OFERATION OF 198. MASON	THE THE	(A) (A)	YES NO
21A. ACCIDENT WAS UNDER- 21B. PL	ACE OF INJURY (e. g.,	in or   21C. WHERE DID (If in Bultimore City	, give exact location)
LYING OR CONTRIBUTING about home	ferm, factory, street, office hldg.,		
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	
INJURY	WHILE AT NOT WHILE		
m.	WORK AT WORK		P-)
22. I hereby certify that I attended the	e deceased from	nov 5, 195, to por 16, 19.	$\mathcal{L}$ , that I last saw t
deceased alive on May 16, 1951	and that death occu	rred at 4:30 P.m., from the causes and on	the date stated abou
23A. SIGNATURE		23B. ADDRESS	23c. DATE SIGNE
Harry Cales	м. D.	51/100011	100-115
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, tov	vn, or county) (State
13uriak 11-19-51	MEAdowR	idg = HOWARd Cou	nt. Md
DATE RECEIVED BY   REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	1.11	0-157 11 200 4	O La V A
100 1 3 33	THE A LE. T.	GEO. L. Schwab 2161 F.	eederick A



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

. 51 9954 Registered No.

BI	RTH NO.						
	NAME OF DECEASED  ype or Print)  LEMUEL ALF	RED FOARD		2. DATE OF DEATH	v. 16,	1951	
B. HO	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit SEPTIAL OR US Public Her	al or institution, give street address or alth Service location)	4. USUAL RESIDENCE (WA. STATE D.C. CITY OR TOWN (If		befo	RAL and give	
Wyman Pk. Drive & Sist Street			Washington			township	
C,	Length of stay in Baltimore	89 days Yrs. Mos. Days	D. STREET ADDRESS (If a 459 G Street				
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  1/16/00	last birthday) M			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Seaman  10B. KIND OF BUSINESS OR INDUSTRY  Sea farer			11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT USA				
13	Frank Foard		14. MOTHER'S MAIDEN NA Hattie Smith	ME			
	5. WAS DECEASED EVER IN U. S. ARMEI m, no or unknown) (If yes, give war or date		17. INFORMANT Records - US PE		BALTO,	MD.	
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (A)  (B)  (B)  (C)  (C)						Recent	
AL CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION		ATION		20. /	AUTOPSY?	
EDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e.g., in or location)  LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING   INJURY OCCUR?						
2	O. TIME (Month) (Day) (Year)	OCCUR?					
	22. I hereby certify that I att deceased alive on Nov. 16	tended the deceased from Aug , 19 51, and that death occur	red at 2:30P m., from ti	ov. 16, 195 he causes and on	L, that I the date s	last saw th tated above	
		M. O. U	S PHS HOSPITAL, E			ATE SIGNED	
TI	AA. BURIAL, CREMA- ON REMOVAL (Specify)	24C. NAME OF CEMETER  Dauid. Rice  S SIGNATURE	RY OR CREMATORY 240. LO	Ba 17		(State)  Md.	
		water Milians	Larschn Ferner	1 740me 740	1 Belo	in red.	
	VS 150	673 5	5		46	D	

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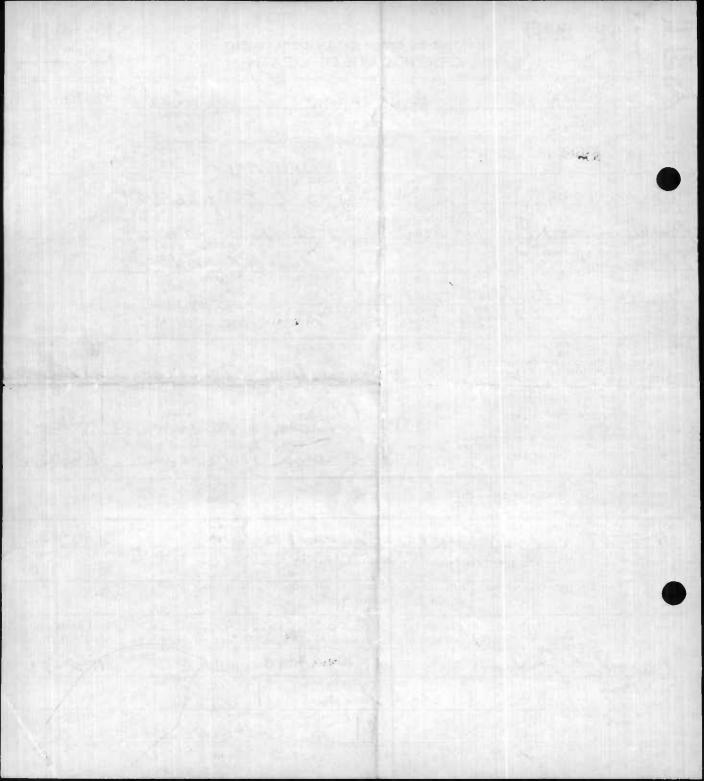
51. 9965

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Henderson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION IMARC Yrs. (If rural, give location) Mos. hase St.

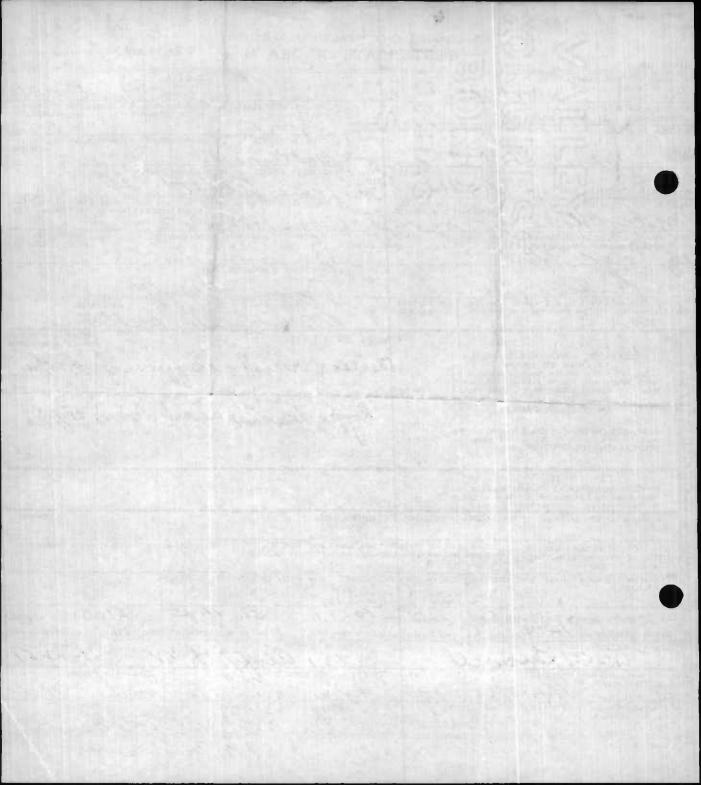
9. AGE (In years | Il Under I Year last birthday) | Months | Days | Hours | Min. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) married AOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork gong during most of working life, even if retired) INDUSTRY WHAT COUNTRY? tousewet 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowu) SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 2/1B. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bidg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22. I hereby certify that I ottended the deceased from 10 -30-1957, to //-193/, and that death occurred at/225 deceased alive on 11-In., from the causes and on the date stated above. 23A. SIGNATUR 23c. DATE SIGNED HOSPITAL 24A. BURIAL CREMA-TION, REMOVA (Specify) 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY. 24p. LOCATION (City, town, or county) weekus Mum Vac DATE RECEIVED BY ADDRESS DIRECTOR LOCAL REGISTRAR

VS 150

11297 Carline St.



RI	RTH NO.			CERTIFICAT	re of d	EATH	Registered	No.
1.	NAME OF DECE ype or Print)	ASED Jan	nee	Fo Lee			2. DATE OF DEATH	H115 1951
A.	PLACE OF DEAT Baltimore City,	Maryland		7 - 03	A. STATE	RESIDENCE (	Where deceased five 8. B. COUNTY	If institution : residence before admission)
H	FULL NAME OF DSPITAL OR STITUTION	01	Lay 57	n, give street address location		R TOWN (III	outside corporate lin	its, write RURAL and give township)
		in Baltimore	350	Yrs Mos Day	1.1.2	ADDRESS (If	mrab rive location)	4.
_		COLOR OR RACE	WIDOWE	MARRIED, D, DIVORCED (Speci	8. DATE O	5 BIRTH	9. AGE (In years last birthday)	M Under 1 Year M Under 24 Hours Min.
	A. USUAL OCCUPATION OF THE RESERVENCE OF THE RES		108. KIND	OF BUSINESS OR INDUSTR		PLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S MAM	Henry	Lee	8	14. MOTH	A'S MAIDEN N	AME Soult	
15 (Y4	WAS DECEASED E	VER IN U, S. ARME	D KORCES?	16, SOCIAL SECURITY NO.	17. INFOR	MANT Crus Lee	16226	ADDRESS Hart St
RTIFICATION	heart failure, a injury or eom  ANT  DISEASES OF RISE TO THE /	mean the mode sthenia, etc. It mer plication which rECEDENT CAU  R CONDITIONS, RBOVE CAUSE (A)  C CONDITION L  II	ans the disease, caused death.) SES IF ANY, GIVING STATING THE	(B)	ypest		Ceart dis	en Fys.
CEF	TRIBUTING TO	THE DEATH, BUT SE OR CONDITION	NOT RELATED N CAUSING IT.		ERATION			20. AUTOPSY?
EDICAL	21A. ACCIDENT LYING OR CO	ONTRIBUTING [	A brook borne for	CE OF INJURY (e. g		HERE DID ( Y OCCUR?	If in Baltimore City	YES NO
Σ	21D. TIME (Mor	th) (Day) (Year	w	TE. INJURY OCCUP	LE	אטנאו מום wo	Y OCCUR?	
	22. I hereby co	ertify that I at	tended the d	leceased from And that death occ	urred at			that I last saw the the date stated above
	23A. SIGNATUR	C. Xu	ruse	M. D.	23B. ADDRE	lugue	ch 8V	23c. DATE SIGNED
TI	ATE RECEIVED B	fy) MIII	1/5/ S SIGNATUR	Mr. Car	musi	RAL DIRECTOR	a. Eller	My, or county) (State)  Ly Mod  ADDRESS  Daughty
N	OVvs 15000			9709	9 1	12971.	Curlie	St 92 B



51 9967

BIRTH NO. 51-27248 CERTIFICAT	TE OF DEATH Registered No					
1. NAME OF DECEASED (Type or Print) BABY GIRL Goldberg	2. DATE OF DEATH 11/18/5-1					
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution : residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION HOSPITAL FOR WOMEN	C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)					
OF MARYLAND.	ISHLTIMONY /3 - 23					
C. Length of stay in Baltimore	m 521/mula Southhouse					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Section 1) 10 10 10 10 10 10 10 10 10 10 10 10 10	8. DAJE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Hours					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRYS					
FERDINE NATHANI COLD LOGO.	14. MOTHER'S MAIDEN NAME  LILIAN BEATRICE ESTER					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or nohoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT  Mothed  25 31 Loyola South					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	of DEATH  MATURITY - 34 WICS  MATURITY - 34 WICS  MAROPHISTIC DWARFISM:  36 Min.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	ERATION 20, AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg CAUSE OF DEATH	.io or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
22. I hereby certify that I aftended the deceased from	11 /18, 1951 to 11/18, 195 Sthat I last saw the					
deceased alive on 19 and that death occ	urred at from the causes and on the date stated above					
Jeny 0 6 owell n. M.D.	WOMEN OF Md. BALLINORE Mailists					
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify) Nov 19 1951 Hebdew A	osedale. Hamiltone, BALTO, Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 1124					

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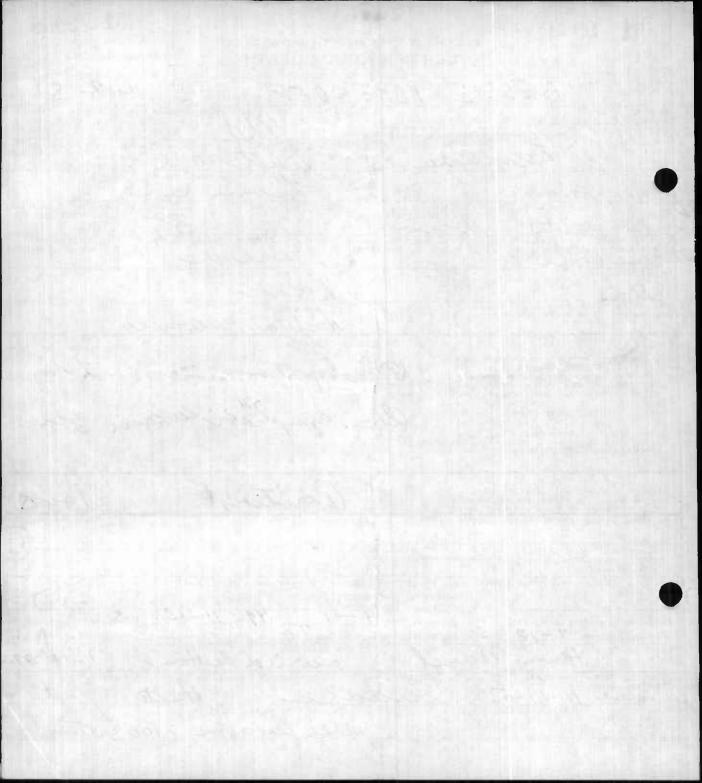
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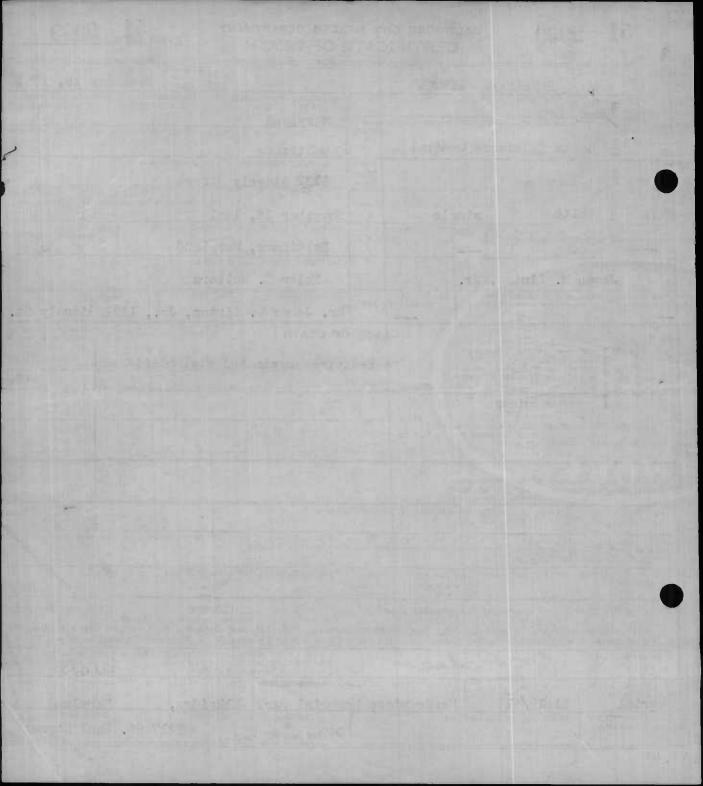
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	L OI BLATTI					
1. NAME OF DECEASED BESSIE PERE	60FF   2. DATE OF DEATH //-/	8-51				
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	titution : residence before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OF TOWN (If outside corporate limits, w	rite RURAL and give township)				
Yrs.	D. STREET ADDRESS (If rural, give location)	- 1				
c. Length of stay in Baltimore	Levendall					
SSEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		er I Year   Il Under 24 Hours   Bays   Hours   Min.				
10 A. USUAL OCCUPATION (Give kind of rock done during most of working life, of an if retired)  10 B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDI	RESS				
18. O O // C CAUSE (	OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	1	ONSET AND DEATH				
(This does not mean the mode of dying, e.g.,	choppelumonia	Lolays				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		0				
ANTECEDENT CAUSES	lymphatic lencamis	luca				
DISEASES OR CONDITIONS, IF ANY, GIVING	. yuprate velle	Jeans				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(C)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Parotitis	I week				
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
V 215 BLACE OF INITIAL (A 5 I	is and 210 WHERE DID. (If in Reltimore City give	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., io or labout home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location injury occur?)						
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 4 -	, 10 -, 0	hat I last saw the				
deceased alive on 11-18, 1951, and that death occur	rred at 1 q_m., from the causes and on the	date stated above				
Hury lagel M.D.	Servidale Home	11-18-51				
24A BURIAL, CREMA- 24B. DAYE 24C MAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	A5. FUNERAL DIRECTOR	DDRESS ()				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	LACK Lewis One 21006	stain 12				
VS 150						



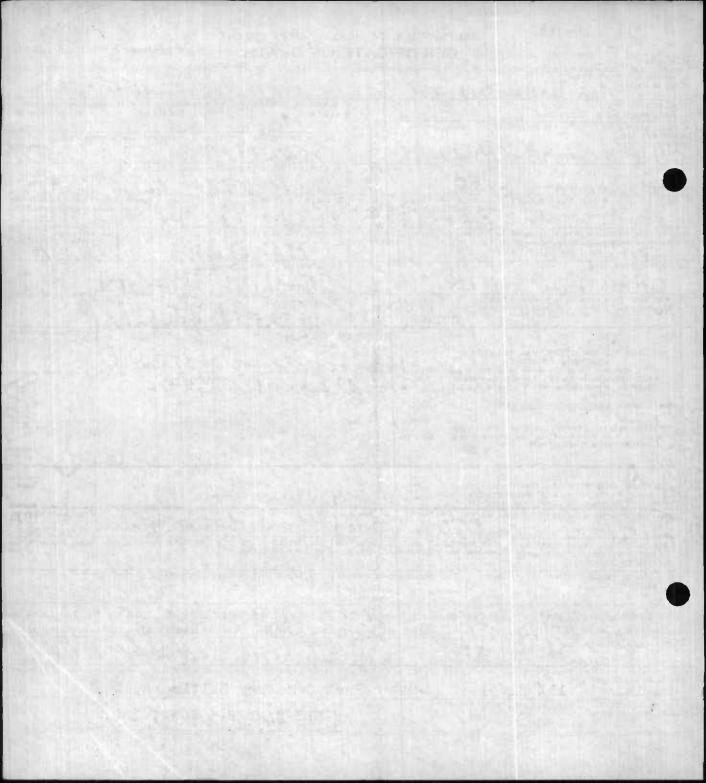
51 BIRTH NO. 51-	2826	BALT	CERTIFICATI	E OF DEATH	Registere	d No. 3959
1. NAME OF DECEAS (Type or Print)			INTON		2. DATE	vember 16, 1951
3. PLACE OF DEATH:				4. USUAL RESIDEN	ICE (Where deceased lived	. If institution : residence
B. FULL NAME OF HOSPITAL OR			n, give street address or location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate li	imits, write RURAL and give township)
c. Orth of stay in	Baltimore		Yrs. Mos. Days	1132 Ridge	SS (If rural, give location  Note    N	)
7	OR OR RACE 7.		MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH November 15.		Months Days Hours Min.
10A. USUAL OCCUPAT					ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none				14. MOTHER'S MAIL		
James	W. Linton	, Jr.		Helen C.	Walters	
15. WAS DECEASED EVER	IN U.S. ARMED FO	ORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			MA CAT CAT	Mr. James W.	Linton, Jr., 1	132 Ridgely St.
DISEASES OR CORISE TO THE ABOUNDERLYING COUNTY OF THE TRIBUTING TO THE TRIBUTING TO THE	cation which cause CEDENT CAUSES ONDITIONS, IF A DVE CAUSE (A) ST CONDITION LAST.  II CANT CONDITION IE OEATH, BUT NO OR CONDITION OR	NY, GIVING TATING THE	(B)			
19A. DATE OF OPL			FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. EXTERNAL CAUSE	R CONTRIB.   al		CE OF INJURY (e. g., i rm,factory,street,officebldg.,			ty, give exact location)
21D. TIME (Month)	(Day) (Year) (H	W	1E. INJURY OCCURR HILE AT WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
the evidence	obtained by sa	id Autor	com: natural causes	Anquiry, find that is 5 1 accident □, s	utopsy, Inspection or Inquisaid deceased died on uicide [], homicide [] DICAL EXAMINER	thereon and from ity the day stated above, undetermined
24A. BURIAL, CREMA-	248. DATE	2	4C. NAME OF CEMETE	The state of the s	240. LOCATION (City, to	
burial burial	11/19/51	1	Meadowridge Me	emorial Park	Elkridge.	Maryland
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S	SIGNATUR	RE	Wm. Cook. 2		ADDRESS t. Paul Street
V S 151						161a W



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 S970 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF 11 15-CT
PIK. VOHN STITTH	DEATH //-/0
s. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MD.
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
CHURCH HOME + HUSPITHL	13 AX 11 MOKE. 11-10
congth of stay in Baltimore AIFE  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)
5. SEX   6, COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year   If Under 24 Hours
M WIDOWED DIVORCED (Specify	7-22-71 74 months Days Hours In.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State of foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired)	MAZYLAND THAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHRISTIAN SMITH.	CAROLINE WEDEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT TO ADDRESS
hone	SELF L KECOKOS!
18. / CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	ocarcinoma of Itomach
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Ibdominal metastines
	photogram and photogram and an
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(c)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	my Stanston
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	A SI SI IS MODELLA CONTROL OF A CHILD A SIAM IN THE CONTROL OF THE
// // / / / / / / / / / / / / / / / /	in of 21c. WHERE DID (If in Baltimyre City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DOUBLE blow, farm, factory, street, office bldg. CAUSE OF DEATH	in # 21c. WHERE DID (If in Baltimure City, give exact location) sec.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
F INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	17 1951, to 11 - 18 , 1957 that I last saw the
deceased glive on 11-17, 1957, and that death occu	erred at 1222 n., from the causes and on the date stated above.
	238 ADDRESS HAMA HAMANN 23C DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
burial 11/21/51 Loudon P	ark Cemetery Baltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	HENRY SANDER & SONS INC.
The state of the s	Balto 13. Md Sland / James
VS 150	



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	registered 1	
	NAME OF E	DECEASED				2. DATE	
(T	ype or Print)	William E	dward H	amilton		DEATH 11/1	6/51
3. A.	PLACE OF D Baltimore				4. USUAL RESIDENCE (W		
В.	FULL NAME			ion, give street address or			
	SPITAL OR	3406 Park	A	location)	c. CITY OR TOWN (If	outside exporate limit	s, write RURAL and give township)
0		)400 Park	lawn Av	е.	Balto.	0-0	
K	A COLE			Yrs.	D. STREET ADDRESS (If		
C.	Length of s	stay in Baltimore	33	yrs. Mos. Days	3406 Parklawn	Ave.	
5.	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year   H Under 24 Hours
	Male	White		rried	Oct. 29, 1887	64	mons. Datys Hours, Mill.
		CUPATION (Givekinder		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
wor	and a	of working life, even if retired)	Ru1	lding	Chicago, Ill		WHAT COUNTRY?
13	. FATHER'S		Dul	747119	14. MOTHER'S MAIDEN NA		(7) (2015
	Willia		-m47+o		Gertrude Meyer	1111	
9.32			amilto				
(Ye	, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT3406 I	Parklawn Av	renue - 13
	No			216-09-3686	Mrs. Irene Har	nilton	
	18. / 9	) / X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	10	SE OR CONDITION	DIRECTIV				ONSET AND DEATH
		LEADING TO DEA	TH		Coronary Heart	: Diceace	
	heart fail	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	5., (A) e,	110111	17180460	
	injury or	eomplication which	aused death	.) DUE TO			
		ANTECEDENT CAUS	SES				
Z	0165465	O OD CONSTITUTION		(B)		•••••	
F	RISE TO	S OR CONDITIONS, I	STATING TI				
V	UNDERL	YING CONDITION LA	NST.				
F				(C)	Carcinoma of Blad	der	
T	OTHER	II SIGNIFICANT CONDI	TIONE CO				
CERTIFICATION	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED .			
0		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
7		9					YES NO V
O	21A. ACCID	ENT, SUICIDE,	21B. PLA	CE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baitimore City,	
IEDICA	HOMICIDE			arm, factory, street, office bldg.,			
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
K	FINJURY			WHILE AT NOT WHILE			
	20 7 7 7		7 7 47	WOULD THE STATE OF	30 10.51 4. 1	1/15/51 10	, that I last saw the
		oy certify that I att	ended the	deceased from 10/ and that death occur	, 19 ±, 70 ±		, that I last saw the he date stated above.
	deceased a		., 19		38. ADDRESS	ne causes and on the	1 23c. DATE SIGNED
	234. 316144	IONE	BYS	lolomy	1400 N. Carolin	e St.	11/16/51
2/	AA. BURIAL.	CREMA- 24B. DATE	1010	24C. NAME OF CEMETE		OCATION (City, town,	
TIC	ON, REMOVAL (S	Specify)		PARKWOOD CE	METERY		
	urial	11/19/	51.		. Dalu	lmore, Md.	ABBRESS
	ATE RECEIVE			JRE	HENRY SANDER &	SONS, INQ.	ADDRESS
1	11 9	351 2 2	1 10 4		BALTO., 13, MD.	Den 1	Huler:
	VS 150					7/ /	
				5102	4 01/		5213
							The state of the s

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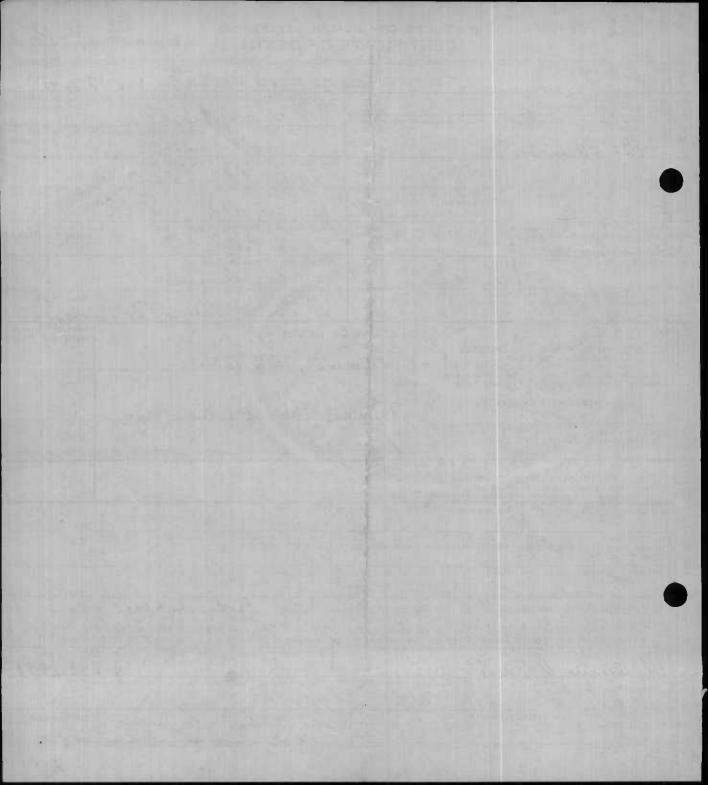
7	00 51	L 9972			TH DEPARTMENT	5 Registered	1 9972 No.
	NAME OF D	DECEASED	LENORA	JAN	MERSIN HAY	2. DATE OF DEATH NOU	17.1951
3. A.	PLACE OF D Baltimore	City, Maryland			STATE 2	Where deceased lived, I. B. COUNTY	f institution; residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	Edmondson			CITY OR TOWN (III	f outside corporate limi	ts, write RURAL and give township)
d		stay in Baltimore	47 yp.	Yrs. D Mos. Days	STREET ADDRESS (IF	rural, give location)	an.
5.	F	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWEDDIVORCED	(Specify) 8.	parte of BIRTH	9. AGE (In years last hirthday) M	If Under 1 Yeer a Under 24 Hours Onths Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS	OR	BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	/	ameram	1	MOTHER'S MAIDEN N	AME	
15 Yes	. WAS DECEAS	(If yee, give var of dates	FORCES? 16. SOCIAL SECURITY	1 NO. 1	informant ru. Percy U	Haye id	pulse Cu.
NO	DISEA (This doe heart fail injury or	ASE OR CONDITION LEADING TO DEAT as not mean the mode of ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, III THE ABOVE CAUSE (A)	DIRECTLY TH of dying, e.g., ns the disease, aused death.)  SES  (B)		nary Tubercul  1 Pulmonary		INTERVAL BETWEEN ONSET ANO DEATH
ATK		YING CONDITION LA	ST.				
RTIFIC	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
Ü L		ACCOUNT OF THE PARTY OF THE PAR	9B. MAJOR FINDINGS OF	OPERAT	ION		20. AUTOPSY?
DICA	UNDERLYIN	NAL CAUSE WAS NG [] OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJURY about home, farm, factory, atreet, of		21c. WHERE DID ( INJURY OCCUR?	If in Baltimore City,	
M	21D. TIME OF INJURY	(Month) (Day) (Year)	WHILE AT NO	CGURRED OT WHILE	21F, HOW DID INJUR	Y OCCUR?	
	the ev	ridence obtained by	gc of the remains described Autopsy, Inspection resulted from: natural	on or Ing	Autopsy, uiry, find that said d	Inspection or Inquiry	he day stated above,

23A. SIGNATURE 236, CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 23c. DATE SIGNED M.D. 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

24A. BURIAL. CREMA-TION REMOVAL (Specify) 248. BATE Burnal DATE RECEIVED BY OCAL REGISTRAR M. 21 1951 ( REGISTRAR'S SIGNATURE

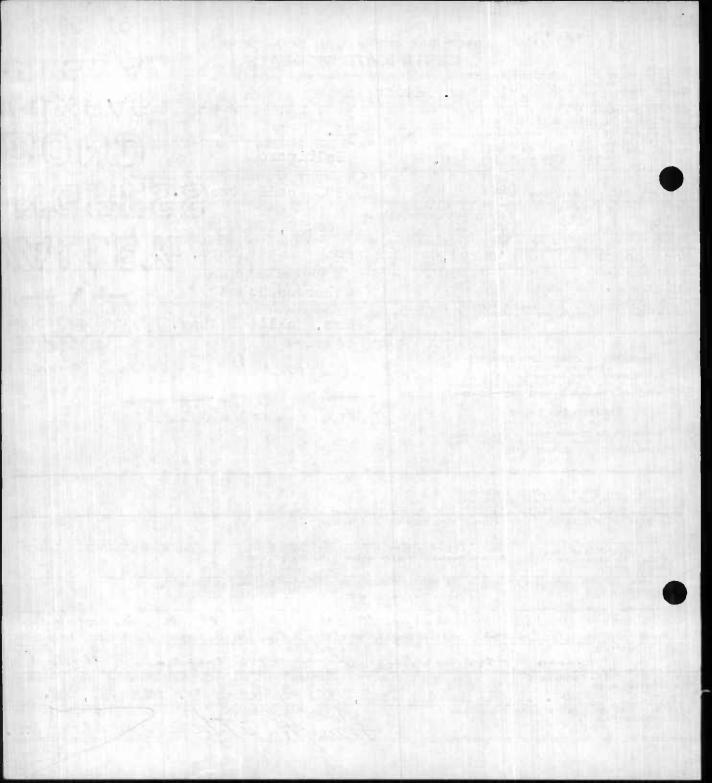
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BALTIMORE CITY HEALTH	DEPARTMENT		
CERTIFICATE OF	DEATH	Registered No.	

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Julius F. Litzau	2. DATE, OF NOV. 16/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of Hospital or Hood's Mursing home location institution 5313 Edmondson Ave.	
c. Length of stay in Baltimore Life Yrs.  Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Single	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Retired, Own DUSTR CONTROLOR	11 BIRTHPLACE (State or foreign country)
Julius C. Litzau	14. MOTHER'S MAIDEN NAME Theresa Schalk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	Mrs. Nellie Litzau, 603 Woodington Rd
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO	Terro Jaconores  INTERVAL BETWEEN ONSET AND DEATH  2 ESSO FWZ C. V. & 15 Zace 2 CWKL
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	RATION -   20. AUTOPSY?
U 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR!	
22. I hereby certify that I attended the deceased from deceased alive on 1/-/6, 195/. and that death occurs. SIGNATURE	erred at 3 Pm., from the causes and on the date stated above,
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	,3801 Frederick Rd. Balto.29, Md.
vs 150 2902	Harry H. Withfue 101 Indmondson Ava.



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9974 Registered No.

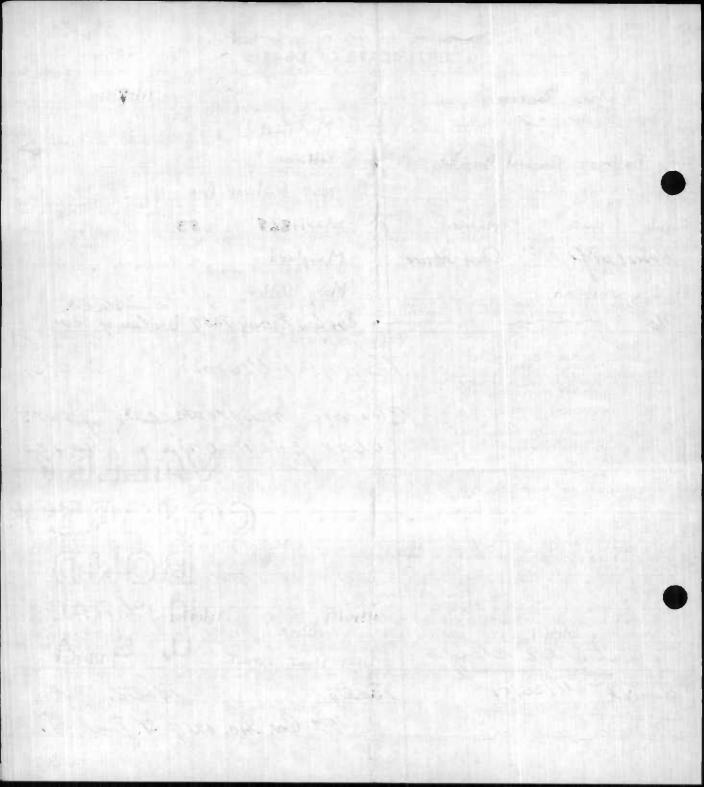
BIRTH NO.						
1. NAME OF D (Type or Print)	Elsie M	. Veli			OF Novem	ber 16, 1951
	City, Maryland			4. USUAL RESIDENCE ( A. STATE Maryland	Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME HOSPITAL OR	OF (II not in nospit	ai or institut	ion, give street address or location)		f outside corporate limits	write RURAL and give
INSTITUTION	1332 Glyndon Avenue			Baltimore	21-	0 2 township)
			Yrs.	o. STREET ADDRESS (II	f rural, give location)	
c. Length of s	tay in Baltimore		Mos. Days	1332 Glyndon A	lvenue	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years   Mo	Under 1 Year II Under 24 Hours nths: Days Hours Min.
female	white	marri		April 20, 1898	53	
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewij		own h		Dorchester Cour	ty, Maryland	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
Houses	rd T. Reed			Grace Warfield		
15. WAS DECEASI	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
Yes, oo or uokoowo)	(If yes, give war or date	e of service)	SECURITY NO.			
18. 17	1		<u> </u>	Temple E. Veli,	1))2 Glyndor	INTERVAL BETWEEN
(This does heart failus injury or DISEASE: RISE TO TUNDERLY UNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA: not mean the mode of the complication which of the complication of the complication of the coath, but its ease or condition	TH of dying, e. 1 of	(B)	uman d	read, right	2 Zyeur
	F OPERATION O	9B. MAJOR	FINDINGS OF OPER	RATION	,	20. AUTOPSY?
OC 310 ACCUE	E 1999	Ca	numme	regert brear		YES NO
ZIA. ACCIL	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City, a	give exact location)
10. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK  NOT WHILE AT WORK		Y OCCUR?	
22. I hercb	y certify that I att	tended the				that I last saw the
deeeased a		_, 19		rred at 73304m., from		le date stated above.
July	r P. Wiles	ch &	м. о.	1227 Wach	. Oslod	11-17 57
24A. LURIAL, C	Specifyll		24c. NAME OF CEMETE	RY OR CREMATORY 240. I	LOCATION (City, town,	
burial	. 11/14/	51	Loudon Park	Cemetery Ba	ltimore,	Maryland
DATE RECEIVE LOCAL REGIST	D BY   REGISTRAR	S SIGNATI	JRE	Wm. Cook, Inc.		aul Street

M. Halland Vicuni Martin Caramana Con TO STATE OF THE PARTY OF THE PA 

## BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Clara Robrer	2. DATE OF DEATH
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
South Baltimore General Hospital	Baltimore
C. Ligth of stay in Baltimore Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)  Married	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working it o, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT Demoletel
Yes, no runknown) (If yes, give war or dates of service) SECURITY NO.	Evelyn Kraus 7007 Kailway ave
18. 446 X , CAUSE	OF DEATH INTERVAL BETWEEN
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	minal Usemia hours.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (C)	ar preumonia hours
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or   21C. WHERE DID (If in Baltimore City, give exact location)
ZID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR INJURY   WHILE AT   NOT WHILE AT WORK   AT WORK   AT WORK	
22. I hereby certify that I attended the deceased from Ula deceased alive on 1117151 , 19 and that death occur	ered at 12:25 A. m. from the causes and on the date stated above
	15 Pauli
24A. BYRIAL. CREMA 24B. DATE 1/24C. NAME OF CEMETE 11/20/51 Banial	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	40th Cook Suc. 1217 St. Paul ST.
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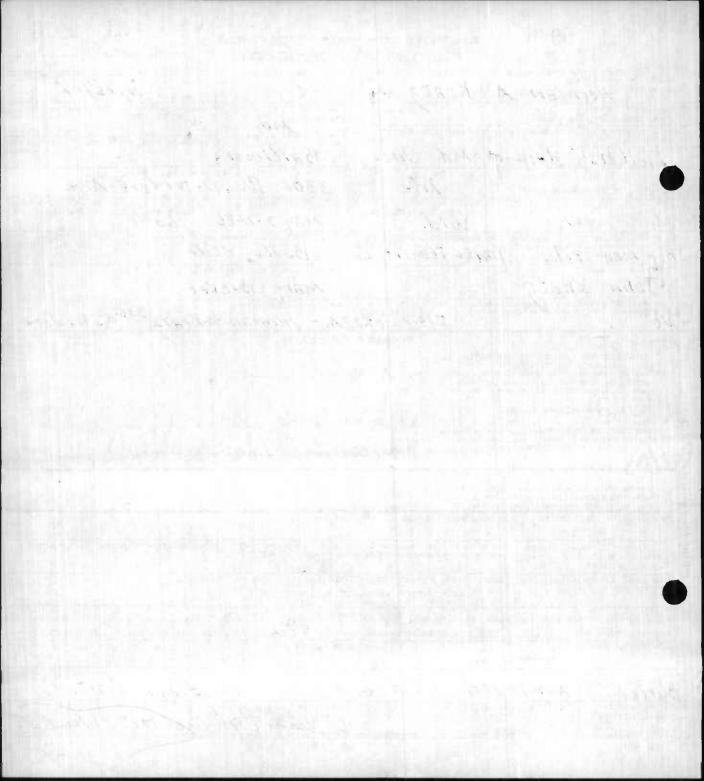
### BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

51 9976

131a

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Herman A. Ki-ata	2. DATE OF DEATH 11/16/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOSP of Md. Inc.	
c. Hength of stay in Baltimore  Life  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  3301 W. Belvedere Ave
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  W. W. G.	B. DATE OF BIRTH  May 3-1886  9. AGE (In years of Under I Year of Under 24 Hours of Index 24 Hours of
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY Shup Man - Ket, Balto Transit Ca.	11. BIRTHPLACE (State or foreign country) 130 No. Md.   12. CITIZEN OF WHAT COUNTRY?
John Krata	14. MOTHER'S MAIDEN NAME  Mary Becker
15. WAS DECEASED EVER IN U. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 2/3-/0-027	17. INFORMANT 2A Herman g. Kiala 336PPRESS Belvedere
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  ULL TO (C)	evine carlismonder ducine
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	io or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	
deceased alive on 11-11. 1947. and that death occur	rred at 5 Am., from the causes and on the date stated above.
23A. SIGNATURE M.D. M.D.	238. ADDRESS 23c. DATE SIGNED 11-19-1951
24A. BURIAL, CREMA 24B DATE TION, REMOVAL (Specify)  NOV. 19-145  Wood 2W	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	1/1/ Miam Con One 1217 St Paul ST

6905/960



# BALTIMORE CITY HEALTH DEPARTMENT

51 9977

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BIRTH NO.	ERTIFICATI	E OF DEATH	negistered Ne	0,
I. NAME OF DECEASED (Type or Print)  OSEPHIA	E LAI	PORTE	2. DATE. OF DEATH	17-51
3. PLACE OF DEATH: A. Baltimore City, Maryland			(Where deceased lived, If in	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	give street address or location)		LAND	
NSTITUTION 236 N. PORT S.	7.	BALTIMO	(If outside corporate limits,	write RURAL and give township)
	45 Yrs. Mos.	D. STREET ADDRESS		
c. Length of stay in Baltimore  5. SEX	Days	236 N. PO		
FEMALE MIDOWED	IARRIED, , DIVORCED (Specify) NEO	8. DATE OF BIRTH  12-21-188		ths Days Hours Min.
	BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	CE	14. MOTHER'S MAIDEN	NAME	
CHRISTAPHER SGROI		NOT KNO	NNN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	LA PORTE	BORT ST
18. 586 X	CAUSE	OF DEATH	STATE OF THE PARTY	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Caroli	- e 1/0		3 14 151
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	as I reproving	7e	2-1-01
ANTECEDENT CAUSES	-	rde il and Value	ula I Industria	7
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B)	unde if and Valor	///////////////////////////////////////	7
UNDERLYING CONDITION LAST.	(C) Cherry	ue Yall Plan	Edel Ducene	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	NDINGS OF OPER	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING   about home, farm,	OF INJURY (e. g., in factory, street, office bldg., e		(If in Baltimore City, give	YES NO Ve exact location)
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E	. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
INJURY WHILE	E AT NOT WHILE			100
22. I hereby certify that I attended the dec		red at 10 m., from	nov. 17 , 1957,	that I last saw the
deceased alive on the 17, 195/ and	that death occur	red at 10 . m., from	n the causes and on the	
Harry Linden	M. D. 2	4 S. Proved	way	23c. DATE SIGNED
24A. BURIAL, CREMAY 24B. DATE 24C		EMER 0	ALTIMORE	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	11-6-	25. FUNERAL DIRECTO		ADDRESS
LOCAL REGISTRAR		FRANK CVAC	HESON YOUN	I.CHESTER

the exercise of the man of the grant " Age was well and with a first of and the second

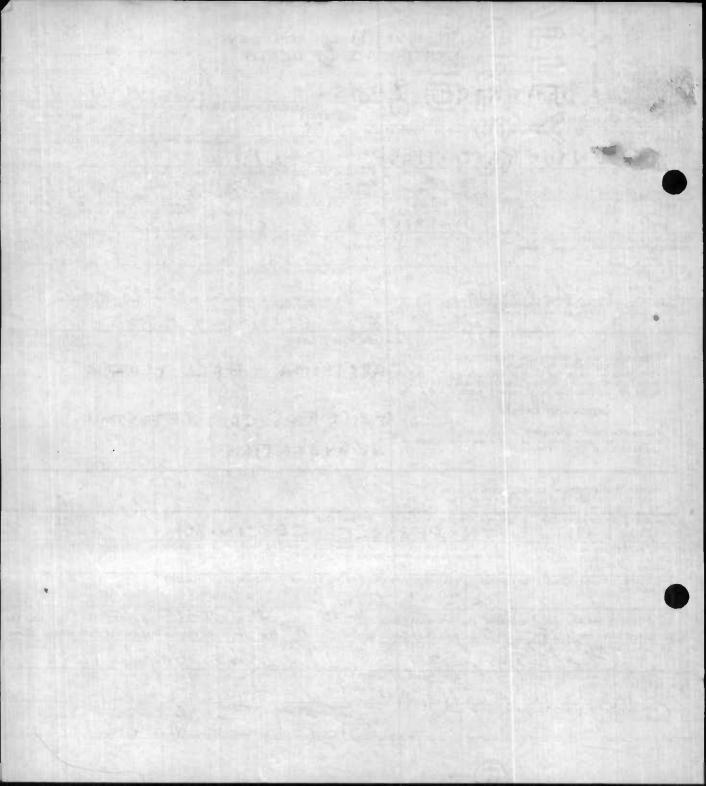
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9978

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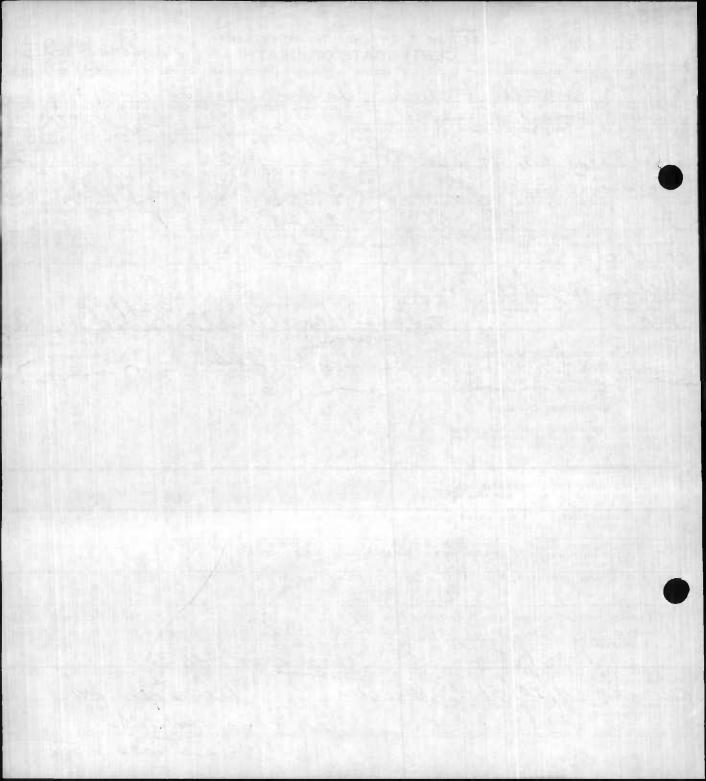
Registered No.

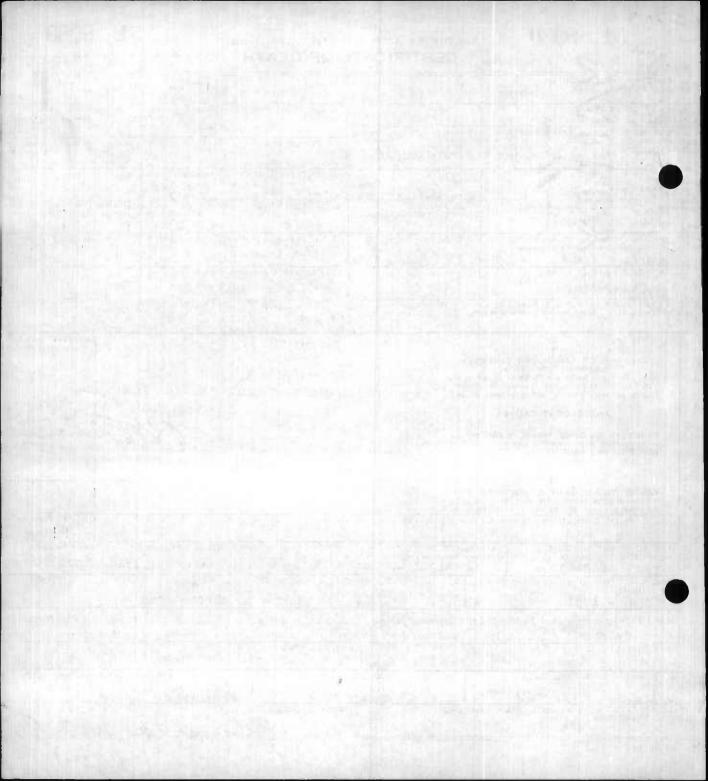
BIRTH NO.		
1. NAME OF DECEASED BEATRICE KEY	S - 2. DATE OF DEATH 11-15	-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution	ion : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION UNIVERSITY, HOSP	C. CITY OF TOWN (If outside corporate limits, write	RURAL and give township)
c. Sength of stay in Baltimore  LIFE  Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  1022N. CALHOUN	ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Di	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	MD.	TIZEN OF HAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	14. MOTHER'S MAIDEN NAME	UNTST
Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	ALEXANDER KEYS	S FERVAL BETWEEN
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING THE DISEASE TO THE ABOVE CAUSE (A) STATING THE DISEASE OF CONDITIONS.	HYDRATTON.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER  TN6 PERABLE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	E CARCINOMA  n or   21C. WHERE DID (If in Baltimore City, give exe	O. AUTOPSY? ES NO act location)
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 11-15, 1951, and that death occur 23A. SIGNATURE 23A.	rred at 119 Am., from the causes and on the date	I last saw the estated above.
24A. BURIAL CREMA- 24B. DATE TION REMOVAL (Specify)  130 RIA 4 111951 MT, AUB L	CALCULATION (ity, town, or count DALTO. MD.	
DATE RECEIVED BY . REGISTRAR'S SIGNATURE LOCAL REGISTRAR	1303 PRESS TMANST	RESS



1 RCE 51 9979 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF U Ce DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2 A. STATE before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. bength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 94) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME 110 15. WAS DECEASED EVER IN 0. S. ARMED FORCES? (Yes, no or unknown) (If yes, tip e wer or detes of service) 16. SOCIAL INFORMANT (Yes, no or unknown) SECURITY NO. sul INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK , 195%, to 22. I hereby certify that I attended the deecased from \_\_\_\_\_\_ . 195/, that I last saw the 195 / and that death occurred at 6 3 m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED - M. D. THON REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Mira DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR





BIRTH NO.

51 9981

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

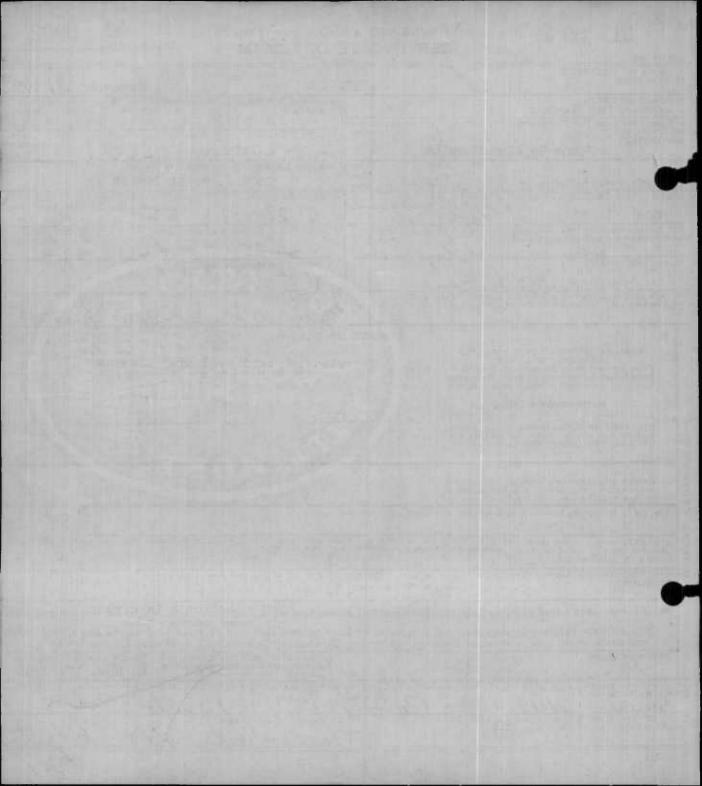
1. NAME OF D (Type or Print)		LTON F	. Weitzel		2. DATE OF DEATH	November 16, 1951	
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence			
B. FULL NAME		al or institut	ion, give street address or	36	yland B. COU	NTY before admission)	
HOSPITAL OR INSTITUTION	Johns Hop	kins H	location)				
			Yrs.	D. STREET ADDR	ESS (If rural, give loca	tion)	
c. gth of s	tay in Baltimore		life Mos.	121 N. Clinton Street			
5. sex Male	6.COLOR OR RACE White	WIDQW	e, MARRIED, VED, DIVORCED (Specify) Poarated	8. DATE OF BIRT	- last Kietha	day) Months Days Hours Min.	
ork done during most			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Batimore  12. CITIZEN OF WHOD COUNTRY?			
13. FATHER'S N	William Wei	tzel		14. MOTHER'S MA	IDEN NAME		
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARMED (If yee, give war or dated	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Leroy Weitz	el- 309 Augus	ADDRESS ta Ave.	
DISEASE RISE TO TUNDERLY OTHER S	s not mean the mode or ure, asthenia, etc. It mean complication which of anticepts of the complication which of anticepts of the complication of the complete complet	ns the diseas aused death ses	(B)		ardiovascular		
	TO THE OEATH, BUT						
19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.	21B. PLA about home, fa	CE OF INJURY (e. g., in arm,factory,street,office bldg.,c	n or 21c. WHERE D	ID (If in Baltimore R?	City, give exact location)	
21D. TIME	Month) (Day) (Year)		VHILE AT NOT WHILE	ED 21f. HOW DID	INJURY OCCUR?		
the evi	dence obtained by ath in my opinion	said Auto	remains described a psy, Inspection or I	nquiry, find that $\mathbb{Z}$ , accident $\square$ ,	suicide 🗌, homicide	on the day stated above, e , undetermined .	
23A. SIGNAT	ciam Uxour	2/8		D. MEDICAL INV	DICAL EXAMINER EDICAL EXAMINER ESTIGATOR	□   NOV • 17 , 19)1	
24A. BURIAL. C TION, REMOVAL (S Buria.	11-2	0-51	Loudon Par			y, town, or county) (State) re, Maryland.	
DATE RECEIVED	RAR REGISTRAR'S	The state of the s	RE	25. FUNERAL DIR Lilly & Zei	ler, Inc. 40	ADDRESS 3 S. Wolfe Street	

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Intrion . .nvl Qleman ! - Educated versal A DESCRIPTION OF THE PROPERTY OF THE PARTY O

- (	51	. 9982			CALTH DEPARTMENT	r 51 Registered No	
_	IRTH NO.			INTILICATI	- OF BEATH		
	NAME OF Dype or Print)		LLIAM	MAYHE	J	2. DATE OF NOVEM	per 17, 1951
	PLACE OF I			22422	4. USUAL RESIDENCE	(Where deceased lived. If in	stitution : residence
В. Н	FULL NAME	OF f not in hospit	al or institution, g	rive street address or location)	Marylan	d B. COUNTY	before admission
11	NSTITUTION	. Johns Hopki	ns Hospit	al	Baltimo		township
1			9	Yrs. Mos.	D. STREET ADDRESS ()		
5	gth of	stay in Baltimore	Q L	Days Days		Pratt Street	
-	Male	White	WIDOWED,	(RRIED. DIVORCED (Specify)	5-22-91	9. AGE (In years list birthday) Mont	hs Days Hours Min.
WOL	k done during most	CCUPATION (Give kind of of working life, even if retired)	Self &	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	-md-	2. CITIZEN OF WHAT COUNTRY
	3. FATHER'S	28). M	an Leu	J-J	14. MOTHER'S MAIDEN I	NAME	
(Ye	WAS DECEAS	ED EVER IN U.S. ANNEI (If yes, give war of rate	EORCES? 16.	SOCIAL SECURITY NO.	Margaret Ma	Mow - 2003	Prott St.
	18. 4	43 X 1		CAUSE	DA DEATH		INTERVAL BETWEEN
ERTIFICATION	(This doe heart fail injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE	(A) Hype DUE TO (B)	rtensive cardiov	ascular disease	
	TRIBUTIN	II  BIGNIFICANT CONDI  G TO THE DEATH, BUT  DISEASE OR CONDITION	NOT RELATED				
LC	19A. DATE	OF OPERATION 1	9B. MAJOR FIN	DINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS IG   OR CONTRIB. CAUSE OF DEATH.		OF INJURY (e. g., in ctory, street, office bldg., e		(If in Baltimore City, give	
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. WHILE WORK		D 21F. HOW DID INJUR	RY OCCUR?	
	the ev	idence obtained by eath in my opinion	said Autopsy.	Inspection or I	hove, held an Inspec Autopsy, aquiry, find that said o a, accident [], suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL	Inspection or Inquiry deceased dicd on the property in the property in the control of the contro	day stated above, letermined □. DATE SIGNED
24	A. BURIAL,	CREMA- 248. DATE	724c.1	M. NAME OF CEMETER	D. MEDICAL INVESTIGAT	TOR NOV	7. 17, 1951 county) (State)
	Duria Suria	11-19.	-51	Gale o	laun /	Balto - 9.	nd-
	TE RECEIVE CAL REGIST		SIGNATURE		25. FUNERAL DIRECTOR	2. 1002 )	Wall St
V	S 151			05781	1 J J	93	)

V S 151



		9983		TIMORE CITY HE	ALTH DEPARTME E OF DEATH	Registered	1 9983 No.
1.	NAME OF DE	ECEASED	Louis	H. Sauer		2. DATE OF DEATH	1-16-5 <sup>1</sup>
Α.	PLACE OF DE Baltimore C	ity, Maryland	I	Baltimore	4. USUAL RESIDENCE A. STATE	E (Where deceased lived, I	f institution : residence before admission)
H	OSPITAL OR ISTITUTION	2614 E.		location)	c. CITYOR TOWN (If intside corporate limits, write RURAL and give township)		
C.	Length of st	ay in Baltimore	Lá	Yrs. Mos. Days	D. STREET ADDRESS 2614 Jeffe	(If rural, give location) rson Street	
5	SEX M	6.COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. /ED DIVORCED (Specify)	8. DATE OF BIRTH 5-9-711	9. AGE (in years last birthday) M	H Under   Year   H Under 24 Hours   Hours   Min.
10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR TORK OF TURN TINISHE! ISSAC Benesch USTRY				of Business or Benesch Dustry	Baltimore		WHAT COUNTRY?
13. FATHER'S NAME  Jacob Sauer					14. mother's maiden name Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or detes of service)   16. SOCIAL SECURITY NO.					17. INFORMANT ADDRESS Elizabeth Sauer 2614 Jefferson Street		
CATION	(This does heart failure injury or DISEASES	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which complication complication complication is a second complication com	TH of dying, e. 1 ons the diseas caused death SES F ANY, GIVIN STATING TH	e, (A) Que e, DUE TO	te myocan extentica	des vasueles des vasueles	e 24hrs.
CERTIF	II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
٠.	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
<b>IEDICAL</b>	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., In or LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR?						give exact location)
2	D. TIME (	Month) (Day) (Year		21E. INJURY OCCURRI	ED 21F. HOW DID IN	JURY OCCUR?	
	deceased al	ive on 11/16	195/. Klyli	MOVE M.D. 2	33 ADDRESS Cra	om the causes and on	23c, DATE SIGNED
TI	ON REMOVAL (8	Pecify 248. DATE (	-1	Holy Red		Ab. Location (City, tow Baltimore . 1	

DATE RECEIVED BY LOCAL REGISTRAR 01051

Holy Redeemer REGISTRAR'S SIGNATURE

Baltimore, Md.

ADDRESS

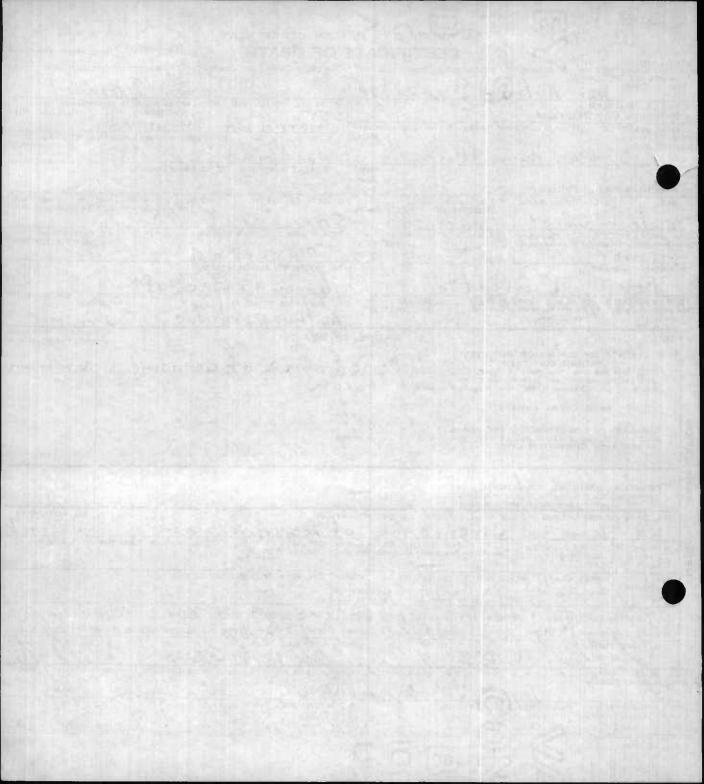
25. FUNERAL DIRECTOR Lilly & Zeiler , Inc 403 S. Wolfe Street

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E ... THE THE LEADER Assert Windows Miles . Il Made Ton.b= . sentualist high grant to the state of the control of The state of the s The same of the sa Cal-Hall Carlotte Carlotte A CONTRACTOR OF THE PARTY OF TH

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

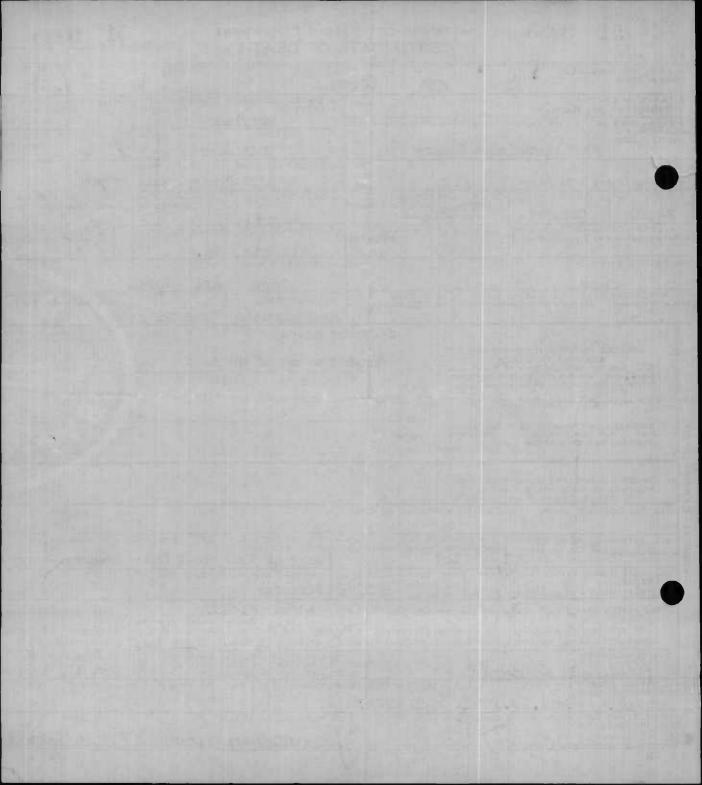
CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Mr Arthur Bardette	2. DATE OF DEATH 19 NOV 51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)  MATY la not Howard
B. FULL NAME OF (If not in hospital or institution, give street address of location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Church Home & Hosp.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days  5. SEX 16. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) II Under 1 Year   II Under 24 Hours
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10A. USUAL OCCUPATION (Give kind of to B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCEST   16. SOCIAL	Tucendy Becraft  17. INFORMANT. J. J. ADDRESS
(Yes, no or naknown) (Fyes, give war or dates of service) SECURITY NO.	Arthur Burdette Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	of DEATH  inoma of acending untrown  lon
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	of Acandincolon YES NO K
2 IA. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY WILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 26	June , 1951, to 19 nov , 1951, that I last saw the
deceased alive on 12 May 1951, and that death occu	arred at 4:5 Am., from the causes and on the date stated above
24A. DUML, CREMA- 24B. DATE 10N REPOVAL (Specify) 24C. NAME OF CEMET World Survey	Charal Clargarterill Mel
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Olin L. Mousunth Damaseus Md
vs 150 / 0 &	10 7 46E



54051 99	85 BA		EALTH DEPARTMENT	Registered No	9985	
BIRTH NO.			2 01 02/1111			
1. NAME OF DECEASED (Type or Print)	EDNA	RUTH CHAI	NALL	2. DATE OF DEATH NOVEME	per 9, 1951	
3. PLACE OF DEATH:			4. USUAL RESIDENCE (W	here deceased lived. If ins		
B. FULL NAME OF Canon		ion give street address a	A. STATE Maryland	B. COUNTY	before admission	
HOSPITAL OR	t in nospital of institut	location		outside corporate limits, v	write BURAT, and give	
INSTITUTION 3000 b	lock LaRue S	quare	Baltimore		township	
7000 0	ZOUZ DOMINO P	Yrs.	D. STREET ADDRESS (If r		0	
c. Igth of stay in Balt	imara TV	Mos.		nsylvania Aven	222	
5. SEX 6. COLOR of		E. MARRIED,	8. DATE OF BIRTH		lor I Year   If Under 24 Hours	
Female Color	red	Single (Specify	April 21	last birthday) Month	ns Days Hours Min.	
10A. USUAL OCCUPATION ( work done during most of working life, eve	Give kind of 10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF	
		MOOTA	Atlanta. Ga		WHAT COUNTRY	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
Charlie	Channall		Cora Bel	1 North		
15. WAS DECEASED EVER IN U	. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT		Alente Co	
(Yes, no or unknown) (If yes, give	war or dutes of service)	SECURITY NO.			Atlanta, Ga	
18. Fayly			Haugabrooks Fu	merar nome	INTERVAL BETWEEN	
Z O DISEASES OR CONDI RISE TO THE ABOVE CA UNDERLYING CONDI L I	etc. It means the disease which caused death of CAUSES TIONS, IF ANY, GIVING THE CAUSE (A) STATING THE CAUSE (	(B)	not wound of the he	ead	ONSET AND DEATH	
OTHER SIGNIFICANT TRIBUTING TO THE DEA	TH. BUT NOT RELATE	ED				
U 19A. DATE OF OPERATIO		FINDINGS OF OPER	RATION		20. AUTOPSY?	
7					YES X NO	
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB.  UTING D CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or UNDERLYING A OR CONTRIB.  Lot  Lot  21c. WHERE DID (If in Baltimore City, give exact local Injury OCCUR? Rear of 3000 block LaRue Square, Contribution of Injury OCCUR? Rear of 3000 block Larue Square, Contribution of Injury OCCUR?  21d. Time (Month) (Day) (Year) (Hour)   21e. Injury OCCURRED   21f. How DID Injury OCCUR?   Firearms					HITT	
				7	7 7 7	
the evidence obtain and death in my of 23A. SIGNATURE	ined by said Auto	psy, Inspection or l	Autopsy, In find that said dec s , accident , suicide [ 238 CHIEF MEDICAL E.	aspection or Inquiry ceased died on the control of	thereon and from day stated above, etermined []. DATE SIGNED	
William	U BOUTE X	M	.D. MEDICAL INVESTIGATO	NOV	. 17, 1951	
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Removal (Specify) Nov. 19. 1951. ATLANTA? GA.						
D	DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR ADDRESS					

V S 151

25. FUNERAL DIRECTOR



	220,		
- 18	2-56 BALTIMORE CITY H	EALTH DEPARTMENT	51 9986
P	RTH NO. CERTIFICAT	E OF DEATH Re	egistered No
	NAME OF DECEASED	,   2. DAT	5 . / /
(T	ype or Print) ALEC (MAKOWSKI) MAK	MARSKV DEAT	TH ///17/5/
	PLACE OF BEATH: Baltimore City, Maryland  BALT.	1 444 0.//	ased lived. If institution: residence COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address o location		rporate limits, write RURAL and give
IN	MERCY HOSPITAL BALTMORE	· RALTIMANE	township)
	Yrs.	D. STREET ADDRESS (If rural, give	location)
c.	Length of stay in Baltimore 38 V.S. APROK Mos.	30 S. ALberm	ARLEST.
5.	SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE	(In years     Under   Year     Under 24 Hours   irthday)   Months; Days   Hours   Min.
	M White Sinble	1893 Junes 5	8
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cour	ntry) 12. CITIZEN OF WHAT COUNTRY
1	ABORER BY O RAILROAD	RUSSIA	RUSSIA"
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	UNKNOWN	UNKNOWN	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yee, give war or dates of service)  (If yee, give war or dates of service)  (If yee, give war or dates of service)	17. INFORMANT  HELEN MAKARSKY-1.	54 n. Potoman St
	18. 490 x and 3 x 2. 1 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	.111.110	// / I DEATH
	(This does not mean the mode of dying, e.g.,	100 15 TOPE INFAMINIA	LOBAR)
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	plete consolde	tien
	ANTECEDENT CAUSES Pal	Il 3 right lobes	· . 4da
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	vere Robar pue	umoura logo
TIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	al enterline chr	5774
ICA	(C)		- Care
ERTIFIC		GERTIFICATION APPR	COVED BY
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	SM	
U	TO THE DISEASE DR CONDITION CAUSING IT.	PATION	1 20 AUTOPSYS
AL	Y ISB. MASON PHONES OF OFE	CHIEF OR ASST. MEDICAL E	Xout R YES NO
U	215 PLACE OF INJURY (	to and a service of the service of t	

(State)

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

19\_

about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

(If in Baltimore City, give exact location)

21E. INJURY OCCURRED WHILE AT NOT WHILE!

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour)

AT WORK

WORK

22. I hereby certify that I attended the deceased from and that death occurred at 3: 15

1951, that I last saw the m., from the causes and on the date stated above. 23c. DATE-SIGNED

23A. SIGNATURE 24B, DATE

24c. NAME OF CEMETERY DR CREMATORY

23B. ADDRESS

24b. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

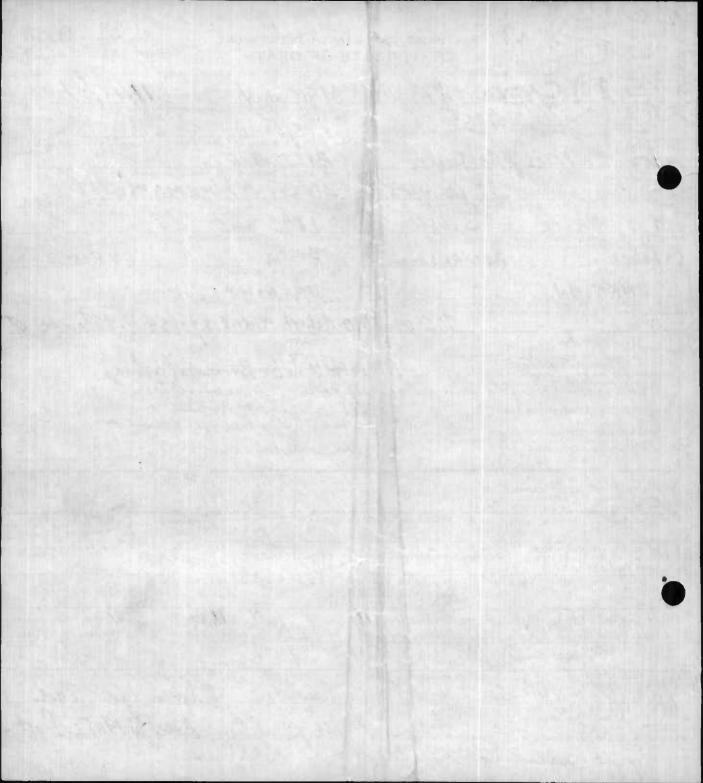
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wisk

deceased alive on.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR





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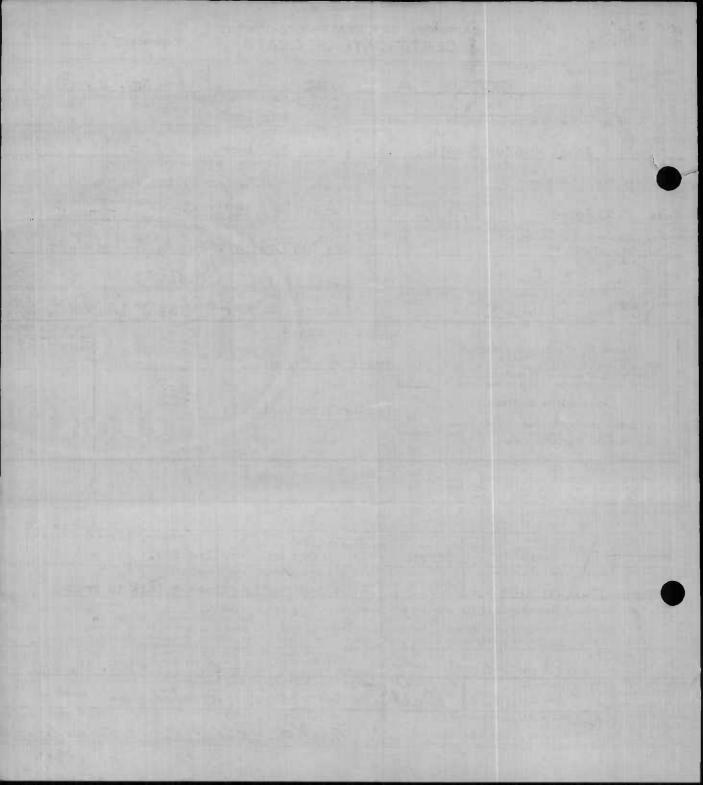
#### BALTIMORE CITY HEALTH DEPARTMENT

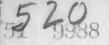
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168 V

	1, 3201	CERTIFICATI	E OF DEATH	Registered No	- 17.707				
BI	RTH NO.								
	NAME OF DECEASED  ype or Print)  FREDER	ick A.	KENT	2. DATE OF DEATH NOV. 15	, 1951				
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If insti B. COUNTY	itution: residence before admission)				
H	FULL NAME OF (If not in hospital or institu	tion, give street address or location)		outside corporate limits, y					
II.	Johns Hopkins Ho		Baltimore	16-6	township)				
	gth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If I						
C.		Days E. MARRIED.	8. DATE OF BIRTH	rollton Avenue	1 Year   If Under 24 Hours				
	WIDO	NED, DIVORCED (Specify)		9. AGE (In years fi Under last hirthday) Months	Days Hours Min.				
	A. USUAL OCCUPATION (Givekindof) 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12.	CITIZEN OF WHAT GOUNTRY				
WOF	done during most of working life, even if retired)  Labore V	C	Daltimor	e Md. U	is A.				
13	William, Kent-	Y	14. MOTHER'S MAIDEN NA	hillips.					
1.5	William Kent-	16. SOCIAL	LCONIA I	ADDR	A				
	e, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Leonia Kent	- 638 N. Car	rolltow.				
	18. E 983 X 1	CAUSE	OF DEATH		INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY		0 .1 77						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused dead	th.) DUE TO							
_	ANTECEDENT CAUSES (B) Cerebral contusion								
Ö	DISEASES OR CONDITIONS, IF ANY, GIV								
RTIFICATION	UNDERLYING CONDITION LAST.	(C)		***************************************	***************************************				
FIG	II CONDITIONS								
RT	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	TED							
CE		R FINDINGS OF OPER	RATION		20. AUTOPSY?				
A L			Lose Waters Dip. (I	f in Baltimore City, give	YES NO				
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB- UTING CAUSE OF DEATH.	ACE OF INJURY (e. g., i ,farm,factory,street,office bldg., Street			exact location)				
Z	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR							
	Found 11-14-51 8:00 P.m.	WHILE AT NOT WHILE AT WORK	Apparently str	uck & fell to g	ground				
	22. I certify that I took charge of the			opsy Inspection or Inquiry	hereon and from				
	the evidence obtained by said Aut and death in my opinjon resulted	topsy, Inspection or . from: natural cause	Inquiry, find that said de	eceased died on the d	lay stated above etermined .				
	23A. SIGNATURE	e a lun	23B. CHIEF MEDICAL I	EXAMINER 23C. D	15. 1951				
	4A. BURIAL, CREMA-124B. DATE ON. REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or o	county) (State)				
	Burial [nov. 20,1931]	Balto, No		3 saltinions,	4				
	ATE RECEIVED BY REGISTRAR'S SIGNAT OCAL REGISTRAR	Filtre of Rest	Mrs Katu RW	· Ac	Local S				
=	10V1 91951 Emmission ( )		Mrs Natue (KW)	Cliams ser	weren st				
11 4	S 151	63001		1/	of all				

97099





#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Eva L. Jones. 2. DATE OF DEATH November	er 1451
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution	
B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, write)	URAL and give township)
326 N. Gilmere St. Baltimore  D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Life Mos. 326 N. Gilmor St.	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years WIDOWED, DIVORCED (Specify)   December   1815   1	
Housewife Baltimore Ma. WH	IZEN OF
Alexander. Freeland.   Alverta ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or untrown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO. Tames Jones, 326 N. G	rilmorst
	ERVAL BETWEEN
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20	AUTOPSY7
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., io or lying or contribution)  21c. WHERE DID (If in Baltimore City, give exact lying or contribution)  21c. WHERE DID (If in Baltimore City, give exact lying or contribution)  21c. WHERE DID (If in Baltimore City, give exact lying or contribution)	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 14, 195, and that death occurred at 7 4.m., from the causes and on the date	I last saw the stated above.
24A. BURIAL, CREMA- 2B. DATE 24C. NAMING GEMETERY OR CREMATORY 24D. LOCATION (City, town, or count TION, REMOVAL (Specify)  Burial No. 19,1951, Balto, national Baltimore,	(State)  Mode:
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRIVED STATE STA	cler St.
VS 150	

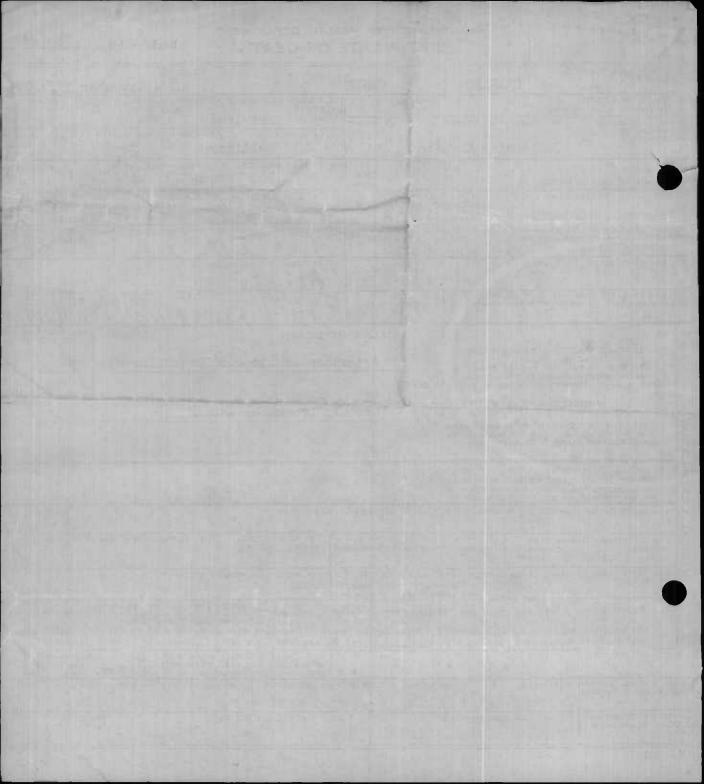
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9989

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) CHARLES	SANDERS		2. DATE OF DEATH NOV	vember 17, 195	_		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. US			. If institution: residence before admissio			
B. FULL NAME OF I'f not in hospital or institution, give street		Maryland		- 7	ı		
University Hospital	location) C. CIT	Y OR TOWN (If o		mits write RULAL and gi townshi			
OMITTOIDI OF HOSPI CAL	V- CT	REET ADDRESS (If r					
ngth of stay in Baltimore	Yrs. D. STI		he Street				
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		TE OF BIRTH	9. AGE (In years)	li Under 24 Hou	lis		
Male Colored WIDOWED, DIVORCE	EP (Specify) /2	-3-1872	ast birthday)	Months Days Hours Mi	n.		
10A. USUAL OCCUPATION (Give kind of tobs. KIND OF BUSINE work done during most of working life, even if retired)	SS OR 11./8/	APLE/N	eign country)	12. CITIZEN OF WHAT COUNTR	Y		
	Sert. 14. MC	OTHER'S MAIDEN NAI	ME ?	1 6 4			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURI	ITY NO. L.L	PARMANT TO TO		ADTO ESSO			
TW. NO	11	MEL DI	OWN-	DARAHANNS	7		
18. 7.4/1	CAUSE OF DE	EATH		INTERVAL BEIWE	EN		
DISEASE OR CONDITION DIRECTLY				ONSET AND DEA	1 1-		
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Arterioso	lerotic cardi	ovascular	disease			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			)000000 <b>000000000000000000000000000000</b>	***************************************	***		
ANTECEDENT CAUSES	Channia h	wanshipl asth	ra 0				
DISEASES OR CONDITIONS, IF ANY, GIVING  Chronic bronchial asthma							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
(C)	***************************************	•••••••••••••••••••••••••••••••••••••••			1346		
OTHER SIGNIFICANT CONDITIONS CON.							
TRIBUTING TO THE DEATH, BUT NOT RELATED							
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?	-		
				YES NO	x		
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	RY (e. g., in or 210 L,officebldg.,etc.)	URY OCCUR?	in Baltimore City	7, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY	OCCURRED 21	F. HOW DID INJURY	OCCUR?				
m. WHILE AT WORK	NOT WHILE						
22. I certify that I took charge of the remains des		eld an Inspecti	on & Inqui	ry thereon and fro	212		
the cvidence obtained by said Autopsy, Inspecand death in my opinion resulted from: nature	tion or Inquiry	, find that said dec	spection or Inquir eased died on ¬. homicide □.	the day stated above	e,		
23A. SIGNATURE		B. CHIEF MEDICAL EX					
William Works	AS	SISTANT MEDICAL EX DICAL INVESTIGATO	AMINER X	Nov. 17, 1951			
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF	CEMETERY OR C		CATION (City, tow	The second secon	-		
Durial 11-21-31 MO.	auc	went.					
DATE RECEIVED 8Y   REGISTRAR'S SIGNATURE	25. FU	NERAL DIRECTOR	2	ADDRESS	Ī		
NOVI GIOSI PLANTA JANA / HALLANDE	(1)	· Halds	The de	- 418-	-		
V S 151	- 11 1	012 111	10101	Isel 1	E		
) (	I M h	W/ 0 1-12	1400	000			



ВІ	E4 0000	EALTH DEPARTMENT E OF DEATH	51 Registered No.	9990
	NAME OF DECEASED  Appe or Print)  PLACE OF DEATH.  PLACE OF DEATH.	*	OF DEATH	7/51
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If ins	tution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION On to . Hosp.  Yrs. Mos.		outside corporate limits, v	write RURAL and give
-	Length of stay in Baltimore Days  SEX [6, COLOR OF RACE   7, SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years) II Um	der 1 Year   16 Under 24 Hours
	14 Col. WIDGWED, DIVORCED (Specify		last birthday) Month	hs Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? to no or unknown) (If yea, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT  Docods		PRESS
FICATION	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH  hig-stive h	rsics	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hogta	
AL	19a, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPE	RATION		YES NO
EDICA	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, atreet, office bldg.		f in Baltimore City, giv	e exact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY  MHILE AT NOT WHILE AT WORK AT WORK	The state of the s	OCCUR?	
	22. I hereby certify that I attended the deceased from	1034		that I last saw the
	deceased alive on 1112, 1951, and that death occur	23B. ADDRESS	he causes and on the	23c. DATE SIGNED
1	A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. L.	OCATION (City, town, or	county) (State)
D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	-	DDRESS

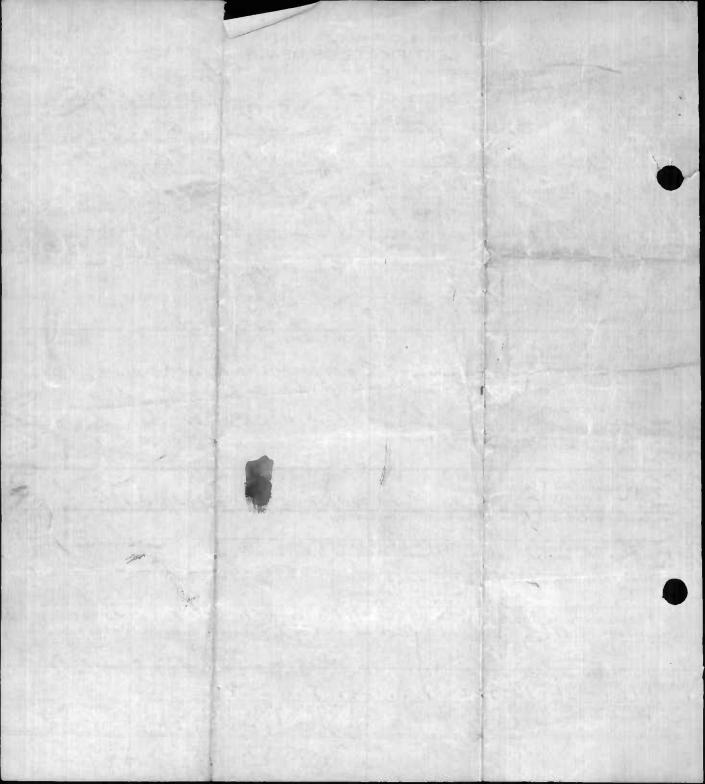
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LOCAL REGISTRAR 51

The John Miller of the

25. FUNERAL DIRECTOR
W. HALSTEAD -DRUID HILL AVE. 30)

ADDRESS 9/

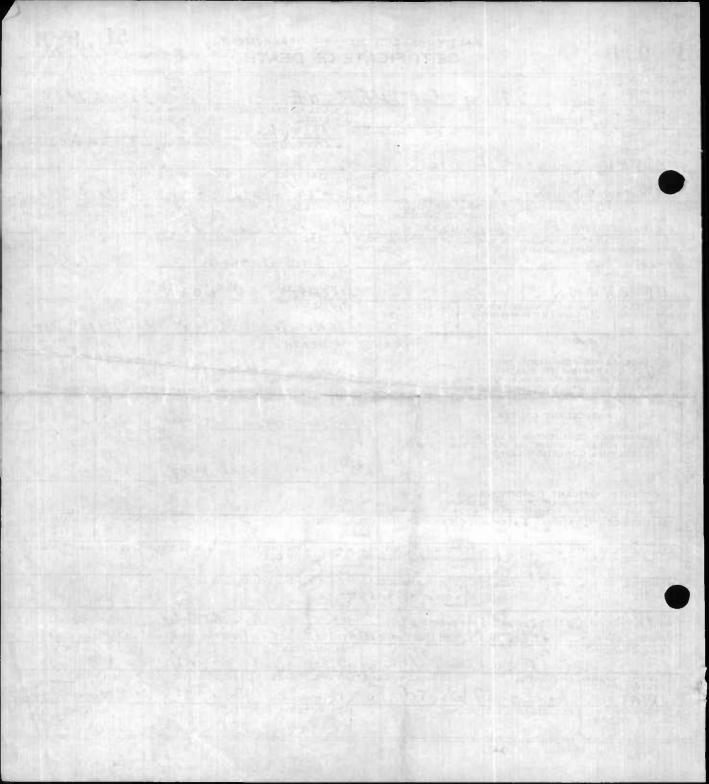


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 19991 egistered No. 100.16

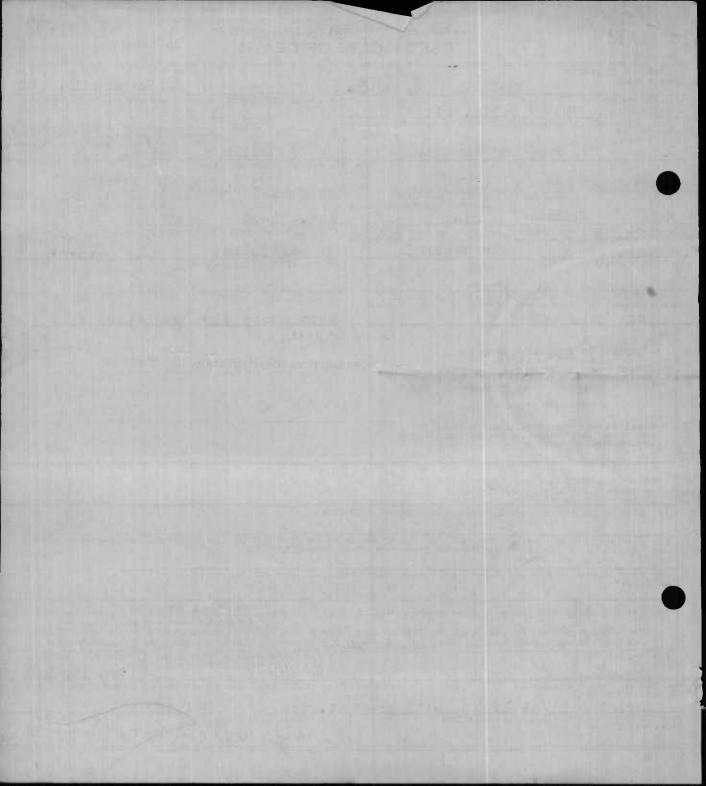
01	KIN NO.								
	NAME OF DECEAS	lley MARY	-CATHE	RINE	OF DEATH WAY	6 1951			
	PLACE OF DEATH Baltimore City,		UNIAL		here deceased lived. If ins				
В.	FULL NAME OF OSPITAL OR	(If not in hospital or institu	tion, give street address or location)		outside corporate limits, v	with Roll and give			
IN	FRANKLIN	Samon Has	metal	C. CITT OKITOWN (A.C.	25	township)			
K	ANKLIN	90204 1403	Yrs.	D. STREET ADDRESS (If r	rural, give location)				
	Length of stay in		Mos. Days	814 G/Ade C		0.25.Md.			
5.	SEX 6.CC		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH		let I Year if Under 24 Hours has Days Hours Min.			
10	A. USUAL OCCUPA	TION (Give kind of 10B. KIN	D OF BUSINESS OR	MAU 19-1876	reign country)   15	2. CITIZEN OF			
	House wife		INDUSTRY	P		WHAT COUNTRY?			
	FATHER'S NAME			14. MOTHER'S MAIDEN NA		4.0.1			
	UNKNO	WN		MARCH- UNKA	SOWN -				
15 (Ye	. WAS DECEASED EVE	R IN U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS			
	No	—		MRS Gladus MA	ten - 8146/	Ada Covat			
	18. 260;	K 1	CAUSE	OF DEATH	/	ONSET AND DEATH			
	LEA	CONDITION DIRECTLY	(0	rebral Hem	otshage.				
	heart failure, ast	mean the mode of dying, e henia, etc. It means the diser	ase,						
H	injury or complication which caused death.) OUE TO								
N	(B) Mys-leuson, cotonary busty								
OIL	RISE TO THE AE	CONDITIONS, IF ANY, GIV DOVE CAUSE (A) STATING 'CONDITION LAST,			U				
ICA	UNDERETING	CONDITION LAST,	dia	beles molli	lus				
H		11	(c) (c)	V					
CER	TRIBUTING TO	FICANT CONDITIONS CO THE DEATH, BUT NOT RELA E OR CONDITION CAUSING	TLO						
٦	19A. DATE OF OP	the state of the s	R FINDINGS OF OPER	RATION		20. AUTOPSY?			
CA	21a. ACCIDENT, S	UICIDE. 218. PL	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (If	f in Baltimore City, give	YES NO K			
EDI			o, farm, factory, street, office bldg.,						
Σ	2 1D. TIME (Mont)	(Day) (Year) (Hour)	21E. INJURY OCCURR		OCCUR?				
		m.	WHILE AT NOT WHILE AT WORK						
- 0		tify that I attended th	C COCCOCCO J. C.I.		N-16, 19 11,				
	deceased alive o	n_Nov-16, 19-1/		rred at 2 25 Pm., from the		date stated above.			
		J. neula	aver M.D.	936 Dalans	6 gue	nov. 16/1951			
24 TI	4A. BURIAL, CREMA	24B. DATE	24c. NAME OF CEMETE	1	OCATION (City, town, or	county) (State)			
	BURIAL	hor 20-51	DOUTH TOR		ITT FORK	- FA ·			
	ATE RECEIVED BY	REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	()	DDRESS			
U.I	W 1 91951	La President Maria	of A	belsworks	armac				
	VS 150			5119 ll.	On DR	Day 61			
				all o same	um Colos	2009			



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# CERTIFICATE OF DEATH Registered No. Registered No.

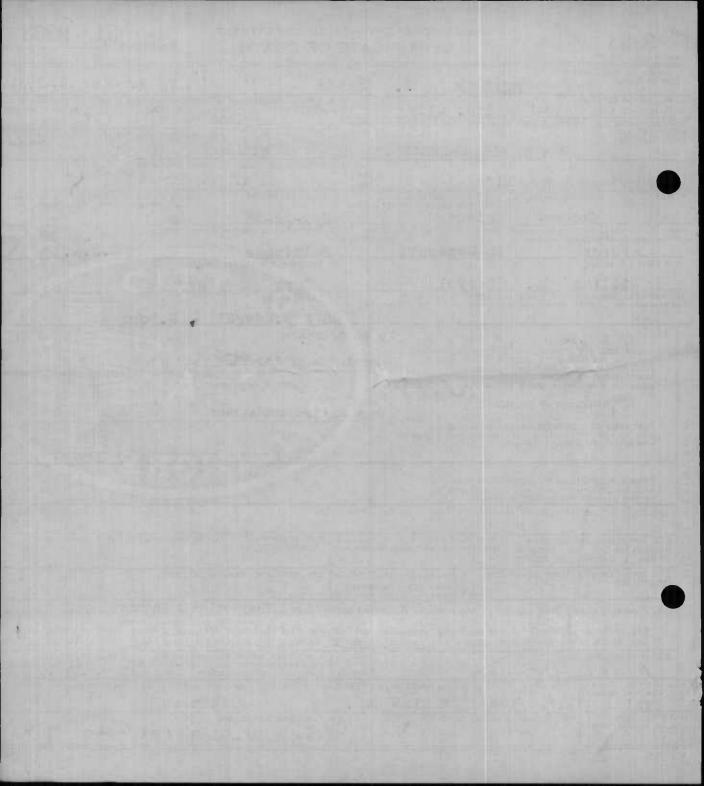
В	RTH NO.			CLIVIII IOATI	_ 0.	DLATTI				
	NAME OF D	ECEASED					2. DATE			
(1	'ype or Print)	ER	NEST	Augus	tus	Lmory	DEATH NOVEM	ber 16, 1951		
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland B	ilto.	City	4. US	ATE	(Where deceased lived. If	institution: residence before admission)		
В.	FULL NAME			ion, give street address or location)	c. CI	Maryla		ts. write BURAL and give		
IN	ISTITUTION	Provide	nt Hoe	oftal		Baltim		township)		
-		LIOATGE	no nos	Yrs.	D. ST		(If rural, give location)	9		
7	male of a	tom in Daltiman	Life	Mos.			Poppleton Str	eat.		
5	igth of s	tay in Baltimore		Days Days	8 DA	TE OF BIRTH	9. AGE (In years)			
٥.	JEX -			/ED, DIVORCED (Specify)			last birthday) M	onths Days Hours Min.		
_	Male	Colored		gle		-14-94	57			
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. 81	RTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
	Labor	er	In Ge	neral		Baltimore		U.S.A.		
13	FATHER'S	NAME			14. M	OTHER'S MAIDEN	NAME			
	Sam		mory			Mary	Lmory			
(Ye	5. WAS DECEASE s, no or uuknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. IN	FORMANT	A	DDRESS		
	Yes	War + 1			Mar	v Emory 4	15 Poppleto	n St		
	18. ///	12 x .		CAUSE	OF D	EATH	•	INTERVAL BETWEEN		
	7 -	f round	DIRECTIV					ONSET AND DEATH		
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Hypertensive cardiovascular disease									
	heart failu	re, asthenia, etc. It mea	ns the diseas	6e, (A)	***********	****************	, , , , <del>, , , , , , , , , , , , , , , </del>			
10	injury or	complication which	aused death	.) DUE TO						
		ANTECEDENT CAUS	ES							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING									
0	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
AT	ONDERE	THIS CONDITION LA	51.	(C)			,>.0000100			
CERTIFICATION		11								
F		IGNIFICANT CONDI								
田田		TO THE DEATH, BUT								
ਹ	19A. DATE C	F OPERATION   1	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?		
4								YES X NO		
EDICAL		NAL CAUSE WAS		ACE OF INJURY (e. g., in farm, factory, etreet, office bldg., e		C. WHERE DID JURY OCCUR?	(If in Baltimore City,	give exact location)		
		CAUSE OF DEATH.								
Σ	210. TIME (	(Month) (Day) (Year)		21E. INJURY OCCURRENT NOT WHILE	ED 21	F. HOW DID INJU	JRY OCCUR?			
			m.	WORK AT WORK						
h	22. I certi,	fy that I took char	ge of the	remains described a	bove,	recour are	tial Autopsy	_ thereon and from		
	the evi	idence obtained by	said Auto	psy, Inspection or I	nguiri	, find that said	sy, Inspection or Inquiry deceased died on to	he day stated above		
7	and de	ath in my opinion	resulted j	rom: natural causes	<b>X</b> , a	ecident 🗆, suici	de 🗌, homicide 📋,	undetermined [].		
	23A. SIGNAT	TURE	- XX	M	AS	BB. CHIEF MEDICA	AL EXAMINER	3c. DATE SIGNED		
2. TI	4A. BURIAL. (S	CREMA- 248. DATE		24c. NAME OF CEMETE						
	_ Euris	-   ! !	1951	Baltimore I	at.	tem	Baltimore			
	ATE RECEIVE		SIGNATU			NERAL DIRECTO		ADDRESS DE		
N	DCAL REGIST	351	75/40	Carrie Him	EX	wyn. W	clam lovo	Bronky		
=	S 151					0		0.5		



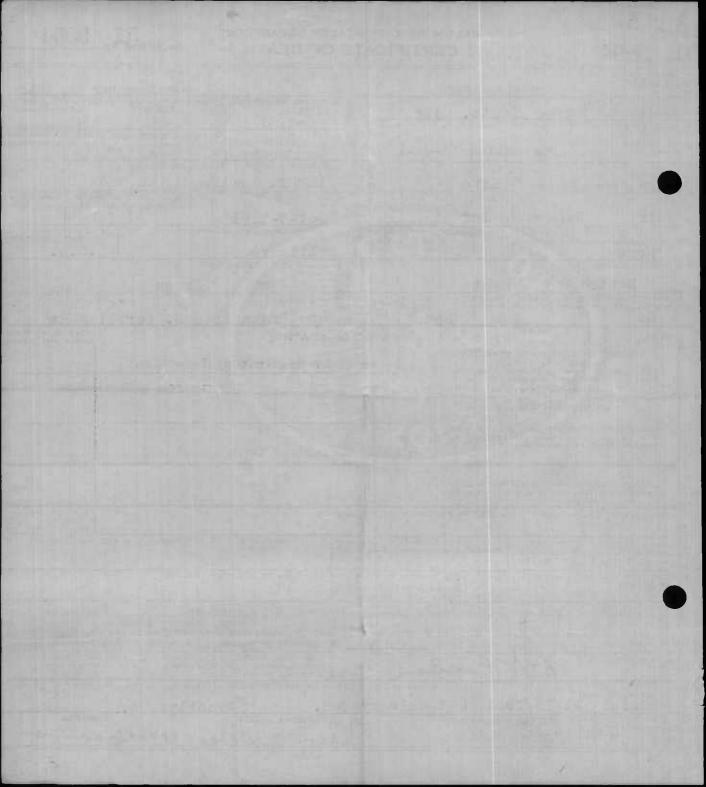
1	40	
10	9993	
BIR	TH NO.	_

#### CERTIFICATE OF DEATH Registered No. 1993

.A.	2000			ERILLI	CAIL	OF DEATH	Registered N	0	
==	RTH NO.								
1. (T	NAME OF Di		REDERICK	V.	CARRO	LL	2. DATE OF Novem	ber 16,	1951
3.	PLACE OF DI	EATH:	Ro7+0	() 2 d ==		. USUAL RESIDENCE (	Where deceased lived, If i		esidence admission
	FULL NAME		Balto.			Maryland		Colore	auminssion
H	SPITAL OR						f outside corporate limfts	write RUR	AL and give
IN	STITUTION	Johns Hop	kins Hos	snital		Baltimor			township
-		Johns Hol	DETIIS HOP	Spr our	Yrs.	STREET ADDRESS (If			
	March of a	ham in Daltin	1140		Mos.		ond Street		
=	ligth of s	tay in Baltimore		MARRIED	Days	DATE OF BIRTH		Noder 1 Vens 1 8	Under 24 Hours
٥.	327	O. COLOR OR RACE	WIDOWE	D, DIVORCED			last birthday) Mor		
	Male	Colored	Widow			May-29-95	56		
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS	OR 1	I. BIRTHPLACE (State or f	oreign country)	12. CITIZEN	OF COUNTRY
	Lebo:		T	erall		Baltimore	U	S.A.	
13	. FATHER'S N	IAME			1	4. MOTHER'S MAIDEN N			
	Will	liam A.	Carro	11		Marv	Romma		
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL		7. INFORMANT	Berry	00000	
(Ye	, no or unknown)	(If yes, give war or date	es of service)	SECURITY	Y NO.			DRESS	
	1,0		1		100	ary E. Currol	1 221 Bond	St	
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION LEADING TO DEA not mean the node re, asthenia, etc. It mes complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L.  II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	TH  of dying, c. g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATEO	(B)	ma of the lung	S			
Ö				FINDINGS OF	OPERAT	ION		20. AU	TOPSY?
4								YES	NO X
EDICAL	UNDERLYING	IAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	about home, far	E OF INJURY m, factory, street, of		21c. WHERE DID (	If in Baltimore City, gi	ve exact loc	ation)
Σ	21b. TIME ( OF INJURY	Month) (Day) (Year	WH		CCURRED of WHILE	21F, HOW DID INJUR	Y OCCUR?		
	the evi	dence obtained by ath in my opinion	said Autop	sy, Inspectio	on or Ing	uiry, find that said d ☐, aceident ☐, suieide ☐ 238. CHIEF MEDICAL ☐ ASSISTANT MEDICAL	Inspection or Inquiry eceased died on the homicide , un	day stat	ed above
24	A. BURIAL, C	REMA- 248. DATE	1 24	C. NAME OF C	And in case of the last of the		OCATION (City, town,		(State)
110	Buria]		1957	t Zion	Cem	. 311	timore		
	TE RECEIVED	BY REGISTRAR	S SIGNATUR			FUNERAL DIRECTOR	ion 1001 Be	ADDRESS	2 deep
V	S 151			97	099	U	4	7)	1



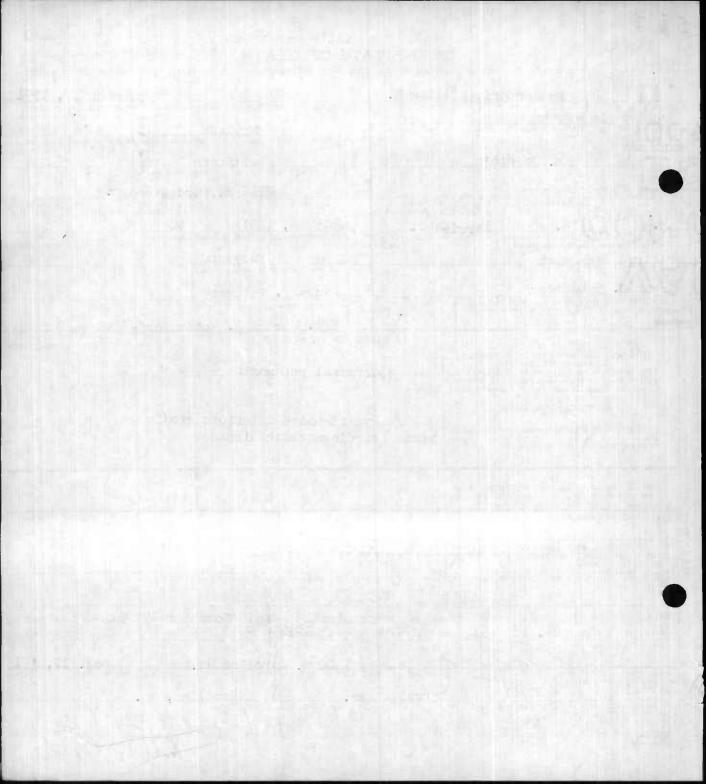
6	50 8TH NG99	14 51 - 238		TIMORE CITY HE	EALTH DEPARTMENT	Registered N	999 <u>4</u>
	NAME OF D	ECEASED	A			2. DATE OF	
	PLACE OF D	CHAR	LES BI	ROWN	4. USUAL RESIDENCE (	DEATH NOVEM	
Α.		City, Maryland J	Balto.	City ion, give street address or	A. STATE Marvland	B. COUNTY	before admission)
H	DSPITAL OR ISTITUTION	Johns Ho		location)		If outside corporate limit	write RURAL and give township)
-			*	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c.	gth of s	stay in Baltimore	Life	Mos. Days	1225 N. Carol		
5.	Male	6.COLOR OR RACE		e. MARRIED. VED. DIVORCED (Specify) ant	8. DATE OF BIRTH  Oct-6-1951	9. AGE (In years Molast birthday) Mo	Under 1 Year nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	None		No		Baltimore		U.S.A.
13	FATHER'S				14. MOTHER'S MAIDEN	NAME	
-		ward	Hunt		June	Brown	
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
-	NO			Lone	June Brown 1:	225 N. Caro	line St.
RTIFICATION	heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which is complicated by the complication of the compl	TH of dying, e. uns the disearcaused death SES FANY, GIVII STATING TAST.	g., (A) Acute ( se, h.) DUE TO  (B)	Jpper Respiratory	•	
U		DISEASE OR CONDITION	CAUSING	IT			
O	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		YES X NO
EDICAL	UNDERLYIN	NAL CAUSE WAS IG [] OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, g	
Z	21b. TIME OF INJURY	(Month) (Day) (Year)	, ,	21E. INJURY OCCURRING WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes [X], accident [], suicide [], homicide [], undetermined []							
	23a. SIGNA	TURE	Fr	she M	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	c. date signed 11/12/51
TIC	Burial. Burial	Specify) 11/19/1	951			rooklyn Md.	
	ATE RECEIVE DCAL REGIST		SIGNATU	JRE	25. FUNERAL DIRECTOR	len 1000 B	andly and
V	S 151						10110 4

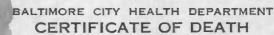


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9995

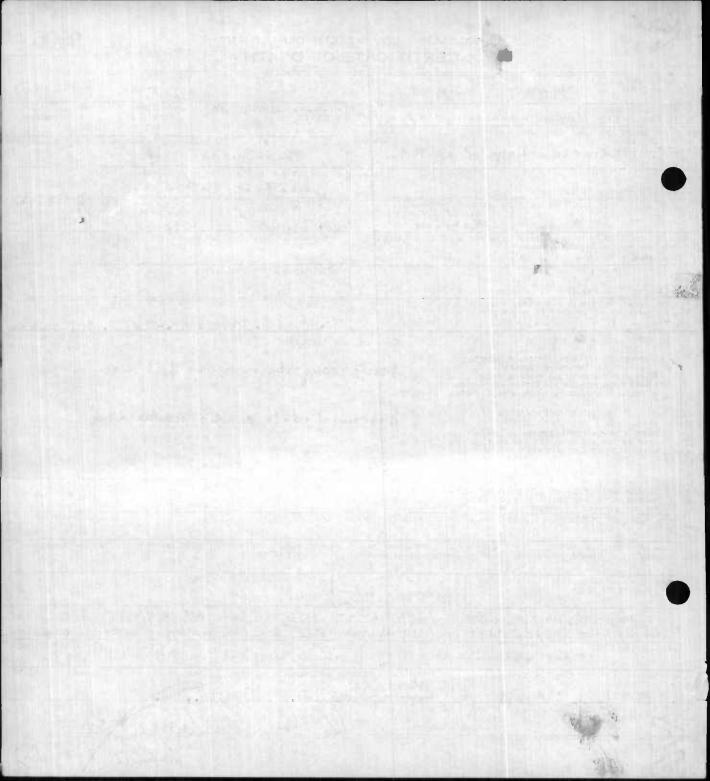
DIDTI	H NO.			CERTIFICAT	E OF DEATH	Registered	No		
		ECEASED				2. DATE.			
	or Print)		dorf. W	illiam M.		OF DEATH NOVE	mbon 17	1061	
	ACE OF D	EATH:	20119 11	7.2.2.7.0.10 10 0	4. USUAL RESIDENCE		lf institution:	residence	
		City, Maryland	-1 !1!4 - 4		A. STATE	B. COUNTY	tofo	ore admission	
HOSP	LL NAME	OF (II not in nospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	If outside corporate in	nits, write RU	RAL and give	
MEDI	MIRIKERE	04 700	- white			9	O. J.	township	
		St. Jose	epnis	Yrs.	o. STREET ADDRESS ()				
	noth of s	tay in Baltimore		Mos.					
5. SE		6. COLOR OR RACE	7. SINGLI	Days E. MARRIED.	8. DATE OF BIRTH	rford Avenue		If Under 24 Hours	
34	1751	167	WIDOW	/ED, DIVORCED (Specify)		last birthday)	Months Days	Hours Min.	
IOA. L	JSUAL OC	CUPATION (Give kind of		OF BUSINESS OR	July 13, 1891 11. BIRTHPLACE (State or	foreign country	1.12 CITIZ	511.05	
ork don	eduring most	of working life, even if retired)	TOB. KINE	INDUSTRY			12. CITIZ	COUNTRY	
13 F	ATHER'S	Machinist			<u>Maryla</u>				
				Spools	14. MOTHER'S MAIDEN	NAME		A marginal	
		Hottendorf			Laura E. Phines	t			
Yes, no	or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
10					Mrs. Martha W.	Hottendorf-2	142 Har	ford Am	
18	. 444	12 × .		CAUSE	OF DEATH		INTERV	AL BETWEEN	
	DISEAS	SE OR CONDITION					ONSET	ANO DEATH	
	(This does	LEADING TO DEAT	TH of dying, e. g	. (A) Term	inal pneumonia				
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	€,					
7	ANTECEDENT CAUSES  (B)								
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE XOUNTE CARDIOVASCULAR DISEASE								
₹		YING CONDITION LA			To vascular albee	.00			
2				(C)	***************************************	. **** * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
=		11							
T I	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	0					
5		ISEASE OR CONDITION							
1 19	A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			UTOPSY?	
3 -	1. 46615		2 1n DI /	ACE OF INJURY (e. g., i	or   21c. WHERE DID	(If in Baltimore City	YES	State .	
7	YING O	R CONTRIBUTING		arm, factory, street, office bldg.,	te.) INJURY OCCUR?	(11 in Baltimore City	, give exact i	ocation)	
Σ	AUSE OF		(7Y ) I						
	INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?			
			m.	WHILE AT NOT WHILE			EE SIL		
22	2. I hereb	y certify that I att	cnded the	deceased from act	ter 25 , 1951 to N	ovember 17.19	1. that I l	ast saw th	
de	eceased a	live on Nov. 16	1951	and that death occur	red at 12:45 m. From	the causes and on	the date st	ated above	
23	A. SIGNA	TURE /			3B. ADDRESS			TE SIGNED	
		-/ T 1A	112	M. O.	1100 M Caroline	St.	Nov. 1	7. 151	
	BURIAL, C		8-8	24C-NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county)	(State)	
Bu	urial	11/20/5	1	Lorraine Cem	- OWO	odlawn. Md.		_	
DATE	RECEIVE L REGIST	D BY   REGISTRAR	SSIGNATU		25 FUNERAL DIRECTOR		ADDRES	6	
MA	V191		标从	Later fritz	Wm. Y.	Marcue	YTH	ars	
140	VS 150				A	1 -01	100		
				54431	1/0-	> pall	0 110	a.	
				71136	· / /=	2)			
						- N			





BIRTH NO 1. NAME OF DECEASED 2. DATE MARY M. DAVIS DEATH MOV. (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland Lutherau Hosp. of 111 A. STATE B. COLINTY before admission) (If not in hospital or institution, give street address or B FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Luther an Hospital of Md. township Ballimore p. STREET ADDRESS (If rural, give location) Vrs Mos. N. Fullou Ave 2227 c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. OATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. Married Nov. 18, 1898 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KINO OF BUSINESS OR 12. CITIZEN OF work dane during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House - Wite at home arvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME · Frank Galloway Annie Boecker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr nnknnwn) (If yes, give war nr dates nf service) SECURITY NO. none Mr. John H. Davis Bulton Are INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Acute cougestive LEADING TO DEATH heart failure (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Asterior elevotie cardiovascular disco DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary edema RTIFI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in pr ā about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? ш Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I hereby certify that I attended the deceased from I AM 11/19 19 5/, to 2 - AM 11/19/1951, that I last saw the . 19 5/ , and that death occurred at 2 10 A m., from the causes and on the date stated above. deceased alive on 11/19 23c. DATE SIGNED 23A. SIGNATURE 23B. AOORESS of hd. Paul Au Lutheran Hospital 11/19/51 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE WESTERN Burial 123 FUNERAL DIRECTOR OATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

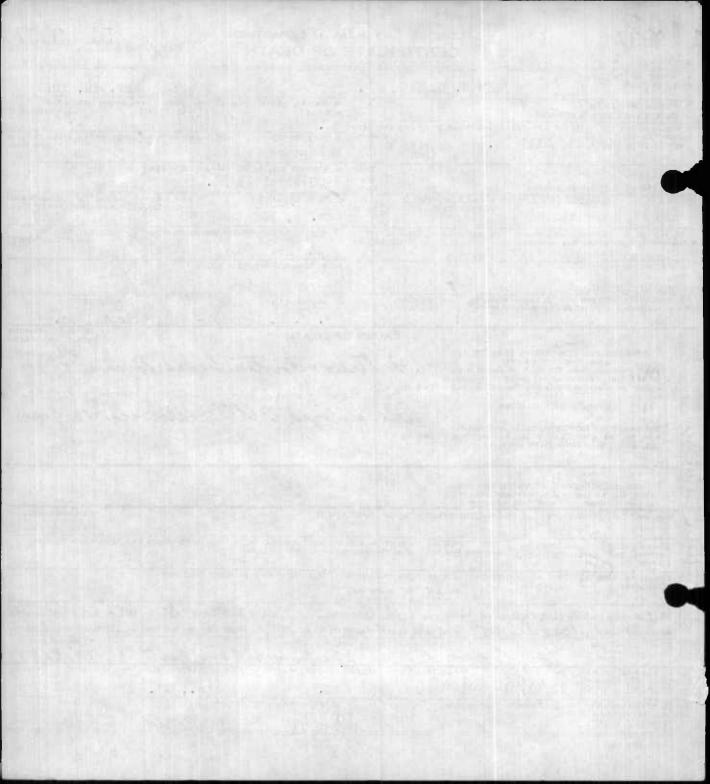


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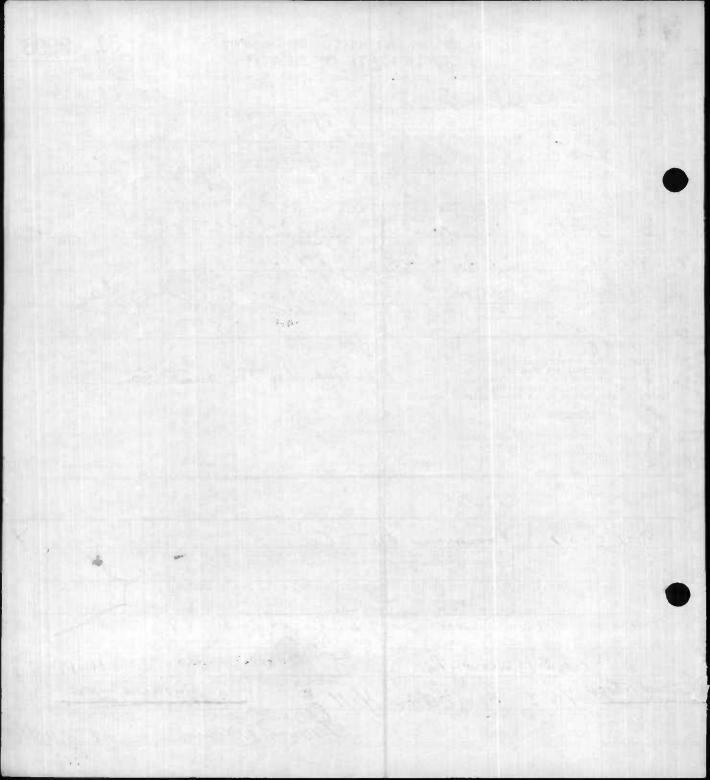
#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 9997

BIRTH NO.		LIVIII TOATI	- OI DEATH		
1. NAME OF DECEASED (Type or Print) JOHN H. DETTRED SD				2. DATE OF	10 1051
3. PLACE OF DEATH:	JOHN H.	DEUBER, SR.	4. USUAL RESIDENCE	(Where deceased lived.	v. 18, 1951  If institution: residence
A. Baltimore City, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in bospital		location)	c. CITY OR TOWN	(If outside corporate lim	nits, write BURAL and give
HOSPITAL OR INSTITUTION 4400 Sidehill	Kd.		Baltimore	2.8	township)
		Yrs.	D. STREET ADDRESS	(If rural, give location)	-
ngth of stay in Baltimore		Mos. Days	4400 Sidehill		
5. SEX 6. COLOR OR RACE	7. SINGLE.	MARRIED, D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
male white	widow		Nov. 9, 1865	86	
	10B, KIND C	F BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sale sman (rtd)	Paints		Maryland		WHAT COUNTRY
13. FATHER'S NAME	1 011103		14. MOTHER'S MAIDEN	NAME	
Command Dankers			Manager Hills		
Conrad Douber 15. WAS DECEASED EVER IN U. S. ARMED	EORCES?	16. SOCIAL	Margaret Weise		1000500
(Yes, no or unknown) (If yes, give war or dates	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
no			Mr. C. H. Deub	er - 4400 Sid	ehill Rd.
ANTECEDENT CAUSE  Z DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SE UNDERLYING CONDITION LAST CONDITION LAST CONDITION TRIBUTING TO THE OEATH, BUT NO	ANY, GIVING STATING THE ST.	OUE TO	alized arte		is 10 yes
TO THE DISEASE OF CONDITION CAUSING IT.					L CO ALLTONOVA
19A. DATE OF OPERATION 19	TION 198. MAJOR FINDINGS OF OPERATION 20. AU				20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	LYING OR CONTRIBUTING   about home, farm, factory, atreet, office bldg., etc			(If in Baltimore City	, give exact location)
21D. TIME (Month) (Day) (Year)	(Hour)   21	E. INJURY OCCURR	INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		
FINJURY		NOT WHILE			
22. I hereby certify that I atte			1046 to	Mr. 8 19	SI that I last saw the
deceased alive on my 18	naea the a	eceused from	and at 1: 30Pm from	m the causes and on	the date stated above
23A, SIGNATURE	, 19 <b>5</b> L. ai		3B. ADDRESS	m the causes and on	23c. DATE SIGNED
200 /2:	Jane			are. Balto 2	9 11/19/51
24A. BURFAL CREMA- Z46. DATE	24	C. NAME OF CEMETE		o. LOCATION (City, tov	
24A. BURRAL CREMA- TION REMOVAL (Specify) Burral 11/21/5	1	Loudon Park	Cem - F	Balto., Md.	
			25 FUNERAL DIRECT		ADDRESS
LOCAL REGISTRAR	As Will	Taule, Alex	Drm. K	lickener &	Law
VS 150			0 6	Bath	Mld 927



	100				
-	augs		EALTH DEPARTMENT	Registered No.	1 9998
BI	RTH NO.	CERTIFICATI	E OF DEATH	Aug.	
	NAME OF DECEASED ppe or Print)	ne Lil	leby 2	OF DEATH ON . 19	7,1951
	PLACE OF DEATH; Baltimore City,/Maryland		A. STATE (Where	e deceased lived. If inst B. COUNTY	itution/: residence before admission)
HO	SOSPITAL OR JOHNS HOPKINS HO	itution, give street address or Iocation) SPITAL	C. CITY OF TOWN (If outs	side egéporate limits, w	rite RURAL and give township)
G.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (ISTUR	d, give location)	engee
5.	male White 7. SIN	GLE, MARRIED, OWED, DIVORCED (Specify)	9-23-94	last birthday) Month	r l Year H Under 24 Hours B Days Hours Min.
//	done during most of working life, even if retired)  VIERVIEWER  VALUE  V	Gov 1- A.S.A.	10.		. CITIZEN OF WHAT COUNTRY?
	Bedford alas	rock	14. MOTHER & MAIDEN NAME	ichard	2
Yei Yei	WAS DECEASED EVER IN U.S. ARMED FORCES, no or naknown) (If yes, give war of dates of service	) 16. SOCIAL SECURITY NO.	17. INFORMANTI S TIOPNII	43 HOSPITADDI	RESS
FICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused do ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A)		JG	INTERVAL BETWEEN ONSET AND DEATH
CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
ار	19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
1EDICA		PLACE OF INJURY (e. g., i		Baltimore City, give	exact location)
4	P. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		CGUR?	
	22. I hereby certify that I attended to deceased alive on 1/19, 195/23A. SIGNATURE	_, and that death becur	rred at \$35 m., from the continue of the conti	causes and on the	hat I last saw the date stated above.  3c. DATE SIGNED  11-19-57
TANK THE	N REMOVAL SANCTON NOV. 23 - 5/	COME OF CEMETE	RY OR CREMATORY 24D. LOCA	TION (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGN.	ATURE	25 JUNERAL DIRECTOR	uleu 6 h	DORESS W. North
	VS 150	39091		46F	Pety-1



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BIRTH	9999

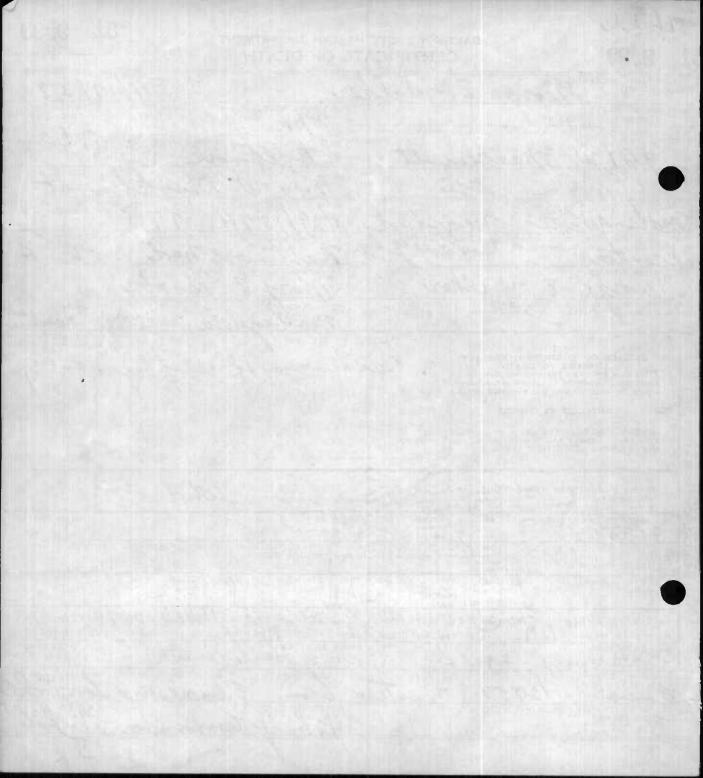
VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9999 Registered No.

46a

	KIII KO.				
(T:	NAME OF DECEASED Peorge E.	Walke	r	2. DATE OF DEATH ///	117/57
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	If institution; residence before admission)
HC	FULL NAME OF (If not in hospital or institution SPITAL OR STITUTION W. Frankly	n, give street address or location)		(If outside corporate his	nits write RURAL and give township)
C.	Length of stay in Baltimore Life	Yrs. Mos. Days	D. STREET ADDRE	SS (Itrival, give location)  1. Prank	lin St.
5.	hale white me		3/29/18	9. AGE (In years last birthday)	H Under I Year H Under 24 Hours Months Days Hours Min.
10.	denduring most of working life, even if retired)	BUSINESS OR AND STRY	Baltin	tate or foreign country)	12. CITIZEN OF
13	Deorge E. Walk	er	Mary	E. Kacobs	
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs dug	rusta Walk	Or Franklin
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.)		of DEATH	of oesofbog	interval Between onset and Death alort 3 year
ICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)  DUE TO  (C)			-
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Chrone	e myoca	nditis	٤
AL	19A. DATE OF OPERATION 0   19B. MAJOR	FINDINGS OF OPER	RATION / (2)		20. AUTOPSY?
21a/ACCIDENT WAS UNDER.   218. FACE OF INJURY (e.g., in or LYING OR CONTRIBUTING   about hope, farm, factory, street, office bldg., etc.)   INJURY OCCUR?					
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that Lattended the deceased from 3/13/5, 1945, to 1/15, 1957, that				I, that I last saw the	
	deceased alive on 1,1957, a 23A. SIGNATURE  Leclel		23B. ADDRESS / Auc	from the causes and on	23c, DATE SIGNED
24 TIO		Western	RY OR CREMATORY	24b. LOCATION (City, tow	Indusord
	TE RECEIVED BY REGISTRAR'S SIGNATUR	E	25 FUNERAL DIRE	Gowan & In	De Chis!



16	52	
51	10000	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 10000

Registered No-

RTH NO 2. DATE NAME OF DECEASED vpe or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence PLACE OF DEATH: B. COUNTY before admission) A. STATE Baltimore City, Maryland (If not in hospital or institution, give street address or FULL NAME OF location' (If outside corporate limits wite RURA), and give SPITAL OR C. CITY OR TOWN STITUTION 2. sowiiship altomare D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days If Under 1 Year SINGLE, MARRIED 9. AGE (In years) If Under 24 Hours 6. COLOR OR RACE last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) emule Widaw 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? done during most of working life, even if retired) INDUSTRY none dans 14. MOTHER'S MAIDEN NAME . FATHER'S NAME WAS DECEASED EVER N U. S. ARMED FORCES no or unknown) (If for, give war or dates of service) 16. SOCIAL s, no or uaknown) SECURITY NO INTERVAL BETWEEN CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: 19A. DATE OF OPERATION YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED IME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE . 19\_\_\_, to. . that I last saw the 22. I hereby certify that I attended the deceased from. 195, and that death occurred at 3 30 deceased alive on Mos from the eauses and on the date stated above. m. 23c. DATE SIGNED A. SENATURE 23B. ADDRESS LOCATION (City, town, or courty) 24C, NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-Mans 25 FUNERAL DIRECTOR ADDRESS TE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR VS 150

